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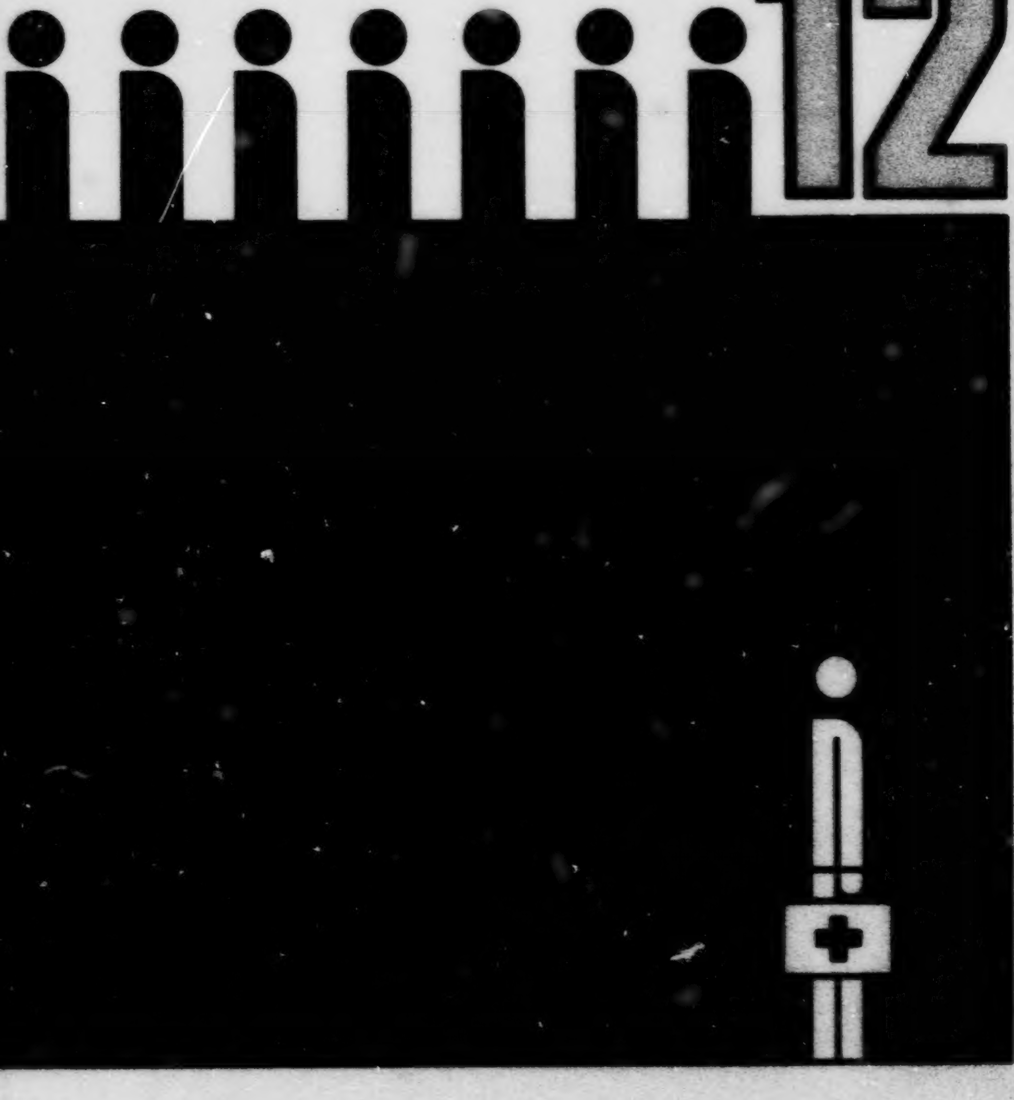
SALUS: LOW-COST RURAL HEALTH CARE AND HEALTH MANPOWER TRAINING

an annotated bibliography with special emphasis on developing countries

Editor: ROSANNA M. BECHTEL

VOLUME 12



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An annotated bibliography with special emphasis on developing countries

Volume 12

Editor: Rosanna M. Bechtel

Abstracts written by: Rosanna M. Bechtel, Elisabeth Bollinger, Hope Cadieux-Ledoux, Anita Firth, Dianne V. Kalbfleisch, Frances Morgan, and David Paul-Elias

(This is the twelfth in a series of annotated bibliographies on low-cost rural health care and health manpower training. These volumes are published irregularly.)

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Preface

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Rosanna M. Bechtel
SALUS Manager
Information Sciences

Abbreviations and Acronyms

BCG — Bacillus Calmette-Guerin
c — centimetre(s)
cc — cubic centimetre(s)
d — day
DPT (DTP) — diphtheria-pertussis-tetanus
Engl — English
Fren — French
g — gram(s)
Ital — Italian
IU — international unit
kcal — kilocalorie(s)
kg — kilogram(s)
km — kilometre(s)
mg — milligram(s)
ml — millilitre(s)
PAHO — Pan American Health Organization
PHC — primary health care
PHW — primary health worker
Russ — Russian
Span — Spanish
TT — tetanus toxoid
UK — United Kingdom
UN — United Nations
UNICEF — United Nations Children's Fund
US (USA) — United States of America
USSR — Union of Soviet Socialist Republics
WHO — World Health Organization

I Reference Works

See also: 8044.

7701 **Ahmed, P.** *Guidelines for analysis of indigenous and private health care planning in developing countries; indigenous and private health care planning.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 6, 1979. 40p. Engl. Refs.
See also entries 7936, 8070, 8071, 8079, 8081, 8082, and 8083.

This manual is intended to help health planners assess the importance, extent, and impact of non-public health care in developing countries, including individual and familial health care, indigenous practitioners, and private practitioners trained in the Western medical tradition. Guidelines are provided for assessing the indigenous medical systems and private sector health care with regard to assessment of use patterns by characteristics of users, circumstances and frequency of use, and types of services used; the meaning and importance of various available health services to users; and assessment of ways of integrating or developing complementarity between indigenous medicine, the private sector, and public health services. (Modified journal abstract)

7702 **Fraser, R.W., Shani, H.** *Selected bibliographies and state-of-the-art review for environmental health; environmental health references.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Reference Series, No. 2, 1979. 441p. Engl.
See also entries 7704 and 7705.

This combined literature review and annotated bibliography of 462 English-language references deals with environmental factors in health care planning for developing countries. Topics covered include: pure water supply; systems for wastewater and excreta disposal; pesticides, pests, and pest control; radiation; occupational health; air quality; food sanitation; noise; and housing. Each bibliographic entry contains author, source, and title information; many also include an abstract. (DP-E)

7703 **Gibbons, G.** American Public Health Association, Washington, D.C. *Mothers and children; bulletin on infant feeding and maternal nutrition.* Washington, D.C., American Public Health Association. Engl.

Published three times a year, this newsletter is intended to promote a better understanding of infant feeding and maternal nutrition and to improve feeding practices and nutritional status of mothers and children. In an effort to cover both technical and policy aspects, each issue may contain technical articles, profiles of innovative programmes, summaries of new research, discussion of new legislation and policy, and reviews of new publications. Readers are encouraged to reprint entire issues, adapt articles, and share their copies of the newsletter, which is distributed free of charge in English, French, and Spanish. (DP-E)

7704 **Schaumann, L.** *Selected bibliographies for pharmaceutical supply systems: pharmaceutical supply systems bibliographies.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Reference Series, No. 5, 1979. 22p. Engl.
See also entries 7702 and 7705.

This annotated bibliography of 110 mainly English-language references deals with pharmaceutical supply systems as they apply to the needs of developing countries. Its main objectives are to identify alternative methodologies for planning and analyzing pharmaceutical supply systems in rural areas of developing countries and to review the literature as it pertains to the provision of pharmaceutical services, focusing as much as possible on the rural poor. Each bibliographic entry contains author, title, source information, and a brief abstract. (DP-E)

7705 **Whitfield, M.L., Graff, W.** *Selected bibliographies and state-of-the-art review for health facilities planning; health facilities planning references.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Reference Series, No. 6, 1979. 43p. Engl.
See also entries 7702 and 7704.

This combined literature review and annotated bibliography of 131 references deals with the subject of health facilities planning for developing countries. Topics covered include the organization and philosophy of health care systems, assessment and planning, utilization, architecture, and climatic conditions. Bibliographic entries contain author, title, and source information; many also include an abstract. (DP-E)

II Organization and Planning

II.1 Health Workers

See also: 7730, 7743, 7758, 7947, 8002, 8030, 8036, 8083, 8127.

7706 **Ahmad, S.** *Role of primary school and health science teacher in delivery of preventive medicare in developing countries.* HOPE (Kisumu, Kenya), 1(1), Summer 1976, 14-15. Engl.

The Kenyan health sciences teacher already possesses much the same knowledge about such subjects as the human body, diet, disease, and hygiene as does the community health worker. In addition, teachers have the advantages of already being trained in educational techniques and located in rural communities with easy access to the people. It is recommended that these teachers also be trained to carry out innoculations and vaccinations (the only function of the community health worker they are presently unable to perform) and encouraged to assume a double role as both science and health educators. (DP-E)

7707 **Beaton, G.R., Pinkney-Atkinson, V.** *Role of the occupational health nurse in South Africa.* South African Medical Journal (Cape Town), 56(6), 11 Aug 1979, 218-220. Engl.

The improvement of the quality and quantity of occupational health care is a major issue in South Africa. The role of the nurse in the delivery of this care was examined at a workshop conference on the role of the occupational health nurse in South Africa. In this article, the conclusions of the conference are reported and the problems identified in developing the role of the nurse in this field are discussed. (Journal abstract)

7708 **Flahault, D.** *Role of qualified personnel in health and development.* WHO Chronicle (Geneva), 34(5), May 1980, 186-188. Engl.

In keeping with its new primary care strategy, WHO emphasizes the need for health workers to play a dual role in both health development and community development. The contributions to be made in these areas by village or community health workers at the peripheral level, medical assistants and nurses at the intermediate level, physicians at the district level, and higher echelons at the provincial, regional, and national levels are described. The role of political leaders, teachers, social workers, and agricultural workers in health promotion is also briefly outlined. (DP-E)

7709 **Ghosal, B.C.** *Role of multipurpose health workers and medical and health assistants in the delivery of health care in rural areas.* Indian Journal of Public Health (Calcutta, India), 23(4), Oct-Dec 1979, 208-211. Engl.

The impressive improvements in health care delivery in India over the last three decades has mainly benefited urban dwellers. The task of meeting the basic health needs of the rural population must begin with the community itself and extend to the present infrastructure of dispensaries and hospitals through a sound and well-organized referral system. The multipurpose health worker (health assistant, paramedical), who must perform duties ranging from maternal child health care and family planning to a supervisory role, plays a vital role in such a scheme. The health assistants already in the field have met with general acceptance and have been instrumental in providing basic health care, but care should be taken in the future to recruit only fully qualified people and train them better for this role. (DP-E)

7710 **Guerra de Macêdo, C., Dos Santos, I., Barros Vieira, C.A. de** *Experiência de formação de pessoal de saúde no Brasil. (Experience in health personnel training in Brazil).* Educación Médica y Salud (Washington, D.C.), 14(1), 1980, 62-75. Portuguese.

Brazil's *Programa de Preparação Estratégica de Pessoal de Saúde* (PPREPS) aims to promote the appropriate training and distribution of adequate numbers of health personnel. Working through state health secretariats, universities, and other agencies, the programme established, from 1976-1978, 16 projects: 11 in health manpower training and developing, 4 in inservice training, and one in educational technology for cooperation. In addition, 38 548 health workers were trained, of whom approximately 50% were lower-level personnel. This paper describes PPREPS and briefly discusses its efforts and future perspectives. (HC-L)

7711 **Haryono, S.** *Result of a pilot project designed to create interest about and enthusiasm for small group teaching among the whole staff of a faculty of medicine in Indonesia.* Jakarta, Consortium of Medical Sciences Bulletin Series, No. 14, Aug 1976. 18p. Engl. 12 refs.

In 1976 the Education Bureau of the Medical School at Indonesia's Diponegoro University held a series of 2-day mini-workshops attended by all the members of its teaching staff. The main purpose was to create a favour-able climate in which to train staff in the skills of small teaching and learning. This paper describes in detail how these workshops were planned, designed, and implemented, the content and processes used, and the participants' responses to them. In exploring ideas for similar programmes based on this successful experience, it is hoped that medical educators, both in developing countries and elsewhere, might be encouraged to develop programmes of their own. (EB)

7712 **Kim, I.S., Sich, D., Yu, S.H., Seo, K., Kim, Y.K.** *Kangwha Community Health Project: goals, implementation and evaluation.* In Kim, I.S., Sich, D., Yu, S.H., Seo, K., Kim, Y.K., eds., Kangwha Community Health Project: Goals, Implementation and Evaluation, Yonsei University College of Preventive Medicine and Public Health, Seoul, Korea, Mar 1979, 133-179. Engl.

A report on the Community Health Teaching Centre in Kwangha, South Korea, which trains medical and nursing students and explores alternative forms of health care delivery, is presented. Part I (System Development and Programme Implementation) deals with planning, objectives, and implementation of the programme and the education of the students. Part II (Evaluation) looks at the programme's impact on the community, the performance of the health workers, the management of the project, the students, and the community's attitudes toward the project and its participation in it. (DP-E)

7713 **Lange, M.** *Introducing the health care team: El Paso auxiliary, CMS sponsor health career day.* Texas Medicine (Austin, Tex.), 78(3), Mar 1982, 68-69. Engl.

Since 1965, the El Paso (Texas) County Medical Society has sponsored an annual health career day for high school students to learn about opportunities in health careers. Representatives from all sections of the medical, dental, pharmaceutical, and veterinary fields are present. The programme includes speeches, group meetings, mock operations, exhibits, and films on health care. Tours through local hospitals and discussions on health care with hospital staff are conducted. It is felt that the programme gives the student a good insight into the varied aspects of the medical and allied health professions. (EB)

7714 **Marconi, J.** *Formación de personal para equipos de salud mental. (Training of personnel for mental health teams).* Acta Psiquiátrica y Psicológica de América Latina (Buenos Aires), 25(3), Sep 1979, 204-211. Span.

This integrated mental health programme aims to orient the target population toward the recognition and prevention of mental disorders by uniting the highly efficient sociological structure found in popular-aboriginal medicine with the more effective basic concepts of scientific medicine. The programme involves the delegation of functions within a five-tiered hierarchy including health professionals, health auxiliaries, formal and informal community leaders, and interested members of the public. This paper outlines the training curriculum and responsibilities of each level of workers within the heirarchy and briefly discusses the results of programme trials in Chile, Buenos Aires, and the Dominican Republic. (HC-L)

7715 **Mejía, A.** *International migration of professional health manpower.* WHO Chronicle (Geneva), 34(9), Sep 1980, 346-353. Engl. 22 refs.

The migration of nurses and physicians from certain developing countries to developed countries is a matter of international concern because of the problem of misuse of scarce health manpower resources. As a result of the Twenty-fifth World Health Assembly, WHO has been involved in a multinational study of this problem. A report of this study, dealing with an analysis of the social, economic, and other relevant factors and describing the policy implications, has recently been published. This article is based on extracts from a review of the problem, which appeared in another WHO publication. It is suggested that one important way in which a country can help itself to solve this problem is to produce only the professional manpower that it needs and can afford. Some statistical data are included. (Modified journal abstract)

7716 **Mejía, A.** *World trends in health manpower development: a review/Tendances mondiales du développement des personnels de santé: tour d'horizon.* World Health Statistics Quarterly (Geneva), 32(2), 1980, 112-126. Engl., Fren. 19 refs.

Examination of the health manpower problems in the developing countries today reveals that, aside from the basic constraint of low level of socioeconomic development, these countries suffer from incoherent policy and plan formulation and implementation that has resulted in shortages of certain categories of health personnel (ancillary) and occasional surpluses of others (physicians). This paper examines these problems and tries to identify trends in the attempts to address them. (HC-L)

7717 **Naraqui, S.** *Delivery of health care in Papua New Guinea: now and the future.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(3), Sep 1979, 167-169. Engl.

In the area of curative medicine, these recommendations are made to improve the services of Papua New Guinea's doctors: increasing the number of specialists produced each year, improving the general quality of medical education, and establishing a major referral hospital. The work of health extension officers could be improved by training more of them, reinforcing their training by means of a special journal and regular meetings and visits from physicians, and the promise of further medical training. More emphasis on preventive medicine is also suggested. (DP-E)

7718 **National Council for International Health, Washington, D.C.** *Training and support of primary health care workers.* Washington, D.C., National Council for International Health, Sep 1981. 318p. Engl.

International Health Conference, Washington, D.C., 15-17 Jun 1981.

This publication contains the proceedings of June 1981 NCIH International Health Conference, which explored varying policies and practices of selection, training, management, supervision, and support of primary health care workers. Included are the papers of over 60 conference speakers from the medical, nursing, public health, nutrition, management, communications, architectural, and economic professions, presenting a wide diversity of views and programme strategies and reflecting the heterogeneous membership of the Council. The conference enabled key people working in primary care to discuss the successes and failures in their practical experiences and to consider the policy implications distilled from those experiences. (EB)

7719 **Thompson, J.E.** *Health care in Tanzania, East Africa.* Wisconsin Medical Journal (Madison, Wisc.), 79(7), 1980, 13-15. Engl.

A brief history of Tanzania, its health and social problems, and its medical education and health care systems are presented. Since the elderly are cared for by their children and grandchildren, Tanzanians strive to have large families, thus making it difficult for the health services to satisfy ever-expanding needs. The author feels that a reduction in infant and child mortality, eliminating the need for large families, would help to solve this problem. He calls on the affluent nations of the world to assist Tanzania in achieving this goal. (DP-E)

II.2 Organization and Administration

See also: 7825, 7946, 7951, 7953, 7957, 7960, 7974, 7988, 8031, 8123, 8127, 8151, 8152.

7720 **Abrams, H.K.** *Occupational medicine in the People's Republic of China.* Journal of Occupational Medicine (Chicago, Ill.), 22(8), Aug 1980, 553-557. Engl.

Due to the campaign to modernize the People's Republic of China by the year 2000, occupational medical problems are proliferating. The Chinese are meeting these problems by establishing occupational disease hospitals and research institutes and by working through public health agencies for prevention and correction. This report, based on a visit in October 1979, describes in detail some of these efforts and calls attention to the opportunity for a US-Chinese exchange programme. (Modified journal abstract)

7721 **Akhtar, H.** *Preventive dental health* Pakistan Dental Review (Lahore, Pakistan), 27(1-2), Jan-Apr 1979, 48-53. Engl.

A preventive dental health programme for Pakistan is advocated. Such a programme should begin with the education of the expectant mother and be resumed with the child at age 30 months. Each school would have a dental nurse, the key figure in the service, with remote areas being served by mobile units. The use of flourides, in toothpaste and drinking water, is suggested. The author also makes recommendations for the training of personnel and the administrative organization of the proposed programme. (DP-E)

7722 **Almeida Machado, P. de** *Programa especial brasileño de control de la esquistosomiasis: el modelo. (Special Brazilian schistosomiasis control programme: the model).* Boletín de la Oficina Sanataria Panamericana (Washington, D.C.), 87(5), Nov 1979, 416-431. Span.

Brazil's special programme for schistosomiasis control seeks to reduce parasite and snail populations within a defined geographical area through coordinated chemotherapy and snail control backed up by health education, improvements in basic sanitation, and the provision of potable water supplies. This paper describes the programme in all of its phases — preparatory, attack, and maintenance — and points out some areas of schistosomiasis research of particular interest to the ministry of health. (HC-L)

7723 **Appropriate Health Resources and Technologies Action Group Ltd., London.** *1979 annual report.* London, Appropriate Health Resources and Technologies Action Group Ltd., 1979. 4p. Engl.

The Appropriate Health Resources and Technologies Action Group, Ltd. (London, UK) describes its activities for 1979 in this annual report. These comprised: the development of an information system, including a thesaurus, to organize the material in its library; projects in Thailand, Bangladesh, and other developing countries; and continuing work on the cold chain information centre, which deals with the safe storage and transport of vaccines. (DP-E)

7724 **Arokianathan, A.** *Tuberculosis in west Malaysia.* Nursing Times (London), 76(7), 14 Feb 1980, 296-297. Engl.

An integrated programme involving both rural health centres and hospitals has been successful in controlling tuberculosis in west Malaysia. Male and female nurses from the health centres are hospital-trained in the use of BCG vaccination, case-finding, and treatment, while hospital staff conduct chest clinics and home visiting. The goals of this programme are to eliminate tuberculosis as a major cause of mortality, reduce morbidity to less than one case:1 000 population, and lower the risk of infection to less than 1%. (DP-E)

7725 **Assignment Children, Geneva.** *Disabled child; a new approach to prevention and rehabilitation.* Geneva, Assignment Children, (53/54), Spring 1981, 224p. Engl.

This special issue contains a collection of articles on the prevention and rehabilitation of childhood disabilities. The 1st section presents a number of articles dealing with new policies and trends, including the impact of social status on the incidence of disability, different levels of intervention, development of rehabilitation programmes, methodology for the prevention and treatment of xerophthalmia (nutrition-related blindness), research into the education of the deaf, prevention of endemic goitre, and the development of manpower training programmes. The 2nd section describes five case studies of innovative programmes for the disabled in Jamaica, Botswana, Algeria, the Philippines, and Zaire. The final section summarizes the findings of a research study on the situation of handicapped children in Bangladesh and describes a pilot project for the early detection of severe disability. (FM)

7726 **Bain, H.W.** *Canada's native children.* Canadian Medical Association Journal (Ottawa), 123(12), Dec 1980, 1237-1238. Engl.

The delivery of health care to Canada's widely scattered native Indian and Inuit peoples is complicated by the fact that this care is the responsibility of the federal government rather than the provincial governments who are responsible for other Canadians. This paper describes the effort, begun at the initiative of the Canadian Pediatric Society, to provide this native group with adequate care. The programmes, developed with the cooperation of various universities and hospitals, range from complete and comprehensive services to sporadic consultant services, with pediatric care always a major component. An active Indian and Inuit health committee encourages native people to get involved in their own health care and to train themselves to take over the system. (DP-E)

7727 **Bondad, M.P.** *Nutrition education: a vital component in the Philippine nutrition program.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 157-167. Engl.
For complete document see entry 7983.

This paper summarizes the efforts of the Philippine Nutrition Program (PNP) to reach its goal of improving the nutritional status of the country. The PNP has five intervention programmes: food assistance, through the local production of the Nutri-Pak; health protection, through services to the most vulnerable groups; food production by promoting local gardens; family planning; and nutrition education, through a variety of training and education programmes. (Modified journal abstract)

7728 **Campos-Outcalt, D., Janoff, E.** *Health care in modern Cuba.* Western Journal of Medicine (San Francisco, Cal.), 132(3), Mar 1980, 265-271. Engl. 10 refs.

This report, which is based on a literature review and a 2-week visit, describes the health care structure, medical education, maternal and child health services, psychiatric care, occupational health, and data gathering in Cuba. Some interesting items covered concern the geographic distribution of health facilities, community participation in medical decision-making, the oath of medical practice, and the status of women in medicine and society in general. Some statistical data are included. (HC-L)

7729 **Cho, K.S.** *Occupational health service in Korea.* Japanese Journal of Industrial Health (Tokyo), 21(6), Nov 1979, 590-593. Engl.

The present status of occupational health in Korea is analyzed in terms of the working population and working conditions, industrial accidents and occupational diseases, and occupational health activities. The major problems affecting occupational health care delivery are the legal aspects, the shortage of labour inspectors, the curative rather than preventive orientation of industrial health officers and researchers, the preoccupation of labour unions with wages rather than working conditions, and the financial constraints of small factories. Recommended occupational health services could take the form of either a community health centre, an industrial health centre, large factory services, or a group medical practice. (DP-E)

7730 **Conover, S., Donovan, S., Susser, E.** *Reflections on health care in Cuba.* Lancet (London), 1 Nov 1980, 958-959. Engl.

Since 1960, Cuba has achieved, against all odds, a universal and comprehensive health care system. This was done through an organizational structure in which all health policies were under the direction of a single national agency. Relying on a massive mobilization of the people to implement policy, this agency brought the level of health of the population up to that of a developed country. The medical profession was reconstituted and strengthened and now stands as one of the proudest achievements of the revolution. In order to adapt to the needs of a new era of health problems, Cuba might have to shake the traditional beliefs and structure of this profession. Emphasis must be shifted from further improvements in curative medical care to an expansion of the role of mass organizations. (DP-E)

7731 **Doerr, E.** *Katastrophenführung: organisation des Katastrophenschutzes. (Command structure for disaster preparedness: its organization).* Langenbecks Archiv für Chirugie (Berlin, Germany FR), 349, 1979, 205-208. German.

Diagrams are used to illustrate the organization and functions of a command structure for disaster preparedness. Strong leadership is an absolute necessity in countering disaster situations successfully. To assure and maintain the efficiency of such disaster relief groups, regular drill exercises are important. Detailed plans, available volunteers and trained personnel, material, means of telecommunication, and transportation must be periodically reviewed. Since any deficiencies in such a system can be serious, possibilities for improvement exist and should be everyone's responsibility. (EB)

7732 **Escudero, J.C.** *Starting from year one: the politics of health in Nicaragua.* International Journal of Health Services (Westport, Conn.), 10(4), 1980, 647-656. Engl. 14 refs.

After describing the health problems of Nicaragua at the time of the Sandinista revolution, the author examines some of the options available for strengthening the country's health services. He favours a cost-efficient, labour-intensive health network with mass popular participation, small capital investment, and minimal foreign dependence. The infrastructure for such a system already exists in the revolutionary committees and other mass organizations. The advantages of this type of system are discussed. Some statistical data are included. (DP-E)

7733 **Gashumba, J.K., Mwambu, P.M.** *Sleeping sickness epidemic in Busoga, Uganda.* Tropical Doctor (London), 11(4), Oct 1981, 175-178. Engl.

Efforts of various government agencies to control an epidemic of trypanosomiasis in southeastern Uganda are described. Although the local inhabitants' knowledge of the disease and its transmission and their ability to recognize its symptoms led them to cooperate in seeking treatment, some still preferred traditional prophylaxis; other problems included lack of transport, hospital facilities, and tools for clearing the bushes used as breeding sites. (DP-E)

7734 **Goldsmith, F.E.** *Occupational health in the Soviet Union.* Occupational Health and Safety (Waco, Tex.), 49(6), Jun 1980, 50-54. Engl.

This paper answers some of the most often asked (in the USA) questions about occupational health in the USSR, e.g., are Soviet job safety and health standards as rigorous as those in the USA; how are they enforced, do unions have their own (health and safety) programmes and can they strike over health and safety issues; do the Soviets share their medical/scientific information, etc. With respect to the last, it is noted that Soviet scientists prefer to share information through bi-lateral pacts and institutional relationships rather than individual circulation of scientific and medical data. (HC-L)

7735 **Gordon, Y.J., Mokete, 'M.** *System of eye services in Lesotho.* Tropical Doctor (London), 10(4), Oct 1980, 188-191. Engl.

The establishment of a system of eye services in Leosotho is described. In the 1st phase of the project, a 50-bed Eye Department was set up at the Queen Elizabeth II Hospital in Maseru and, with the cooperation of Israel, staff were trained. Equipment and a library were obtained with assistance from various governments and charitable organizations. In the 2nd phase, a survey of eye diseases in the rural areas was conducted and an eye team from Maseru was mobilized in order to alert the population to the existence of the service and transport surgery cases to Maseru. Phase 3, aimed at prevention and research, is currently ongoing. Some statistical data are included. (DP-E)

7736 **Gennais Dourado, H., Pecego Coelho, C.** *Nursing and child health in Brazil.* International Nursing Review (Geneva), 27(3), May-Jun 1980, 70-75. Engl.

The state of maternal child health in Brazil is reflected in the high infant mortality. Nursing personnel must be increased and their training and working conditions improved. It is suggested that only an increase in the number of nurses will permit the extension of health coverage to the entire population. In conjunction with this, government programmes designed to improve income distribution and to encourage the provision of primary health care must be pursued. Some of these programmes are briefly described. Statistical data are included. (DP-E)

7737 **Guidotti, T.L., Goldsmith, D.F.** *Occupational medicine in a developing society: a case study of Venezuela.* Journal of Occupational Medicine (Chicago, Ill.), 22(1), Jan 1980, 30-34. Engl. 45 refs.

On the basis of a 10-question framework, the authors investigated by means of informal inquiries the state of occupational medicine in Venezuela. They briefly discuss such aspects as the country's economic and demographic situation, the role of industry, the role of government, the scope of occupational health problems, professional training, and standards. Statistical data are included. (DP-E)

7738 **Hevia Rivas, P.** *Apoyo de un sistema pediátrico a los planes de vacunación. (Pediatric system in support of vaccination plans).* Salud Pública de México (Mexico City), 21(4), Jul-Aug 1979, 409-415. Span. 23 refs.

Protection of the child from conception through adolescence in a continuous, integrated manner can only be achieved by means of a coherent pediatrics system. This paper describes the elements and features of such a system and its particular relevance to the implementation of an efficient and effective vaccination programme. Recent steps taken by Mexico to improve its vaccination programme are outlined. (HC-L)

7739 **Hirsch, H., Rosarios, H.** *Experiencia en promoción de la salud mental en Buenos Aires. (Experiment in mental health promotion in Buenos Aires).* Acta Psiquiátrica y Psicológica de América Latina (Buenos Aires), 25(3), Sep 1979, 173-186. Span. 14 refs.

Over an 8-year period, the community mental health prevention team, Buenos Aires, Argentina, endeavoured to promote mental health in two ways: first, by assisting interested local institutions to better define their priorities and fulfil their roles according to their self-expressed aims; and, later, with the regionalization of the mental health centre, by promoting community organization and development within a defined geographical area. This paper describes the methodology and techniques that evolved out of this effort to translate theoretical social psychiatry into action. (HC-L)

7740 **Hof, H.** *Zur Problematic der Gesundheitsgesetzgebung in einem west-afrikanischen Land, dargestellt am Beispiel der Republik Togo; 1: situationsbericht über die Gesundheitsgesetzgebung in Togo. (Problems of public health legislation in a west African country, as exemplified by the Republic of Togo).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 42(11), Nov 1980, 879-883. German. 22 refs.

Following a similar study in 1963, a 6-month study trip to regional and hospital laboratories in the Republic of Togo in 1979 revealed that it is still difficult to obtain comprehensive health information and to evaluate the country's public health status. The author points to several problems and disadvantages besetting legislators in a colony whose rules were originally intended for the mother country. While some preventive measures against serious infectious diseases are being undertaken, cases are not always registered nor vaccination certificates issued. The need for extensive revision of public health legislation is stressed; not only health personnel but also politicians, educators, and environmental/sanitary engineers must take part in the planning. (EB)

7741 **Huang, C.S.** *Medicine in the People's Republic of China.* Maryland State Medical Journal (Baltimore, Md.), 28(9), Sep 1979, 35-39. Engl.

This speech, by the President of the Chinese Academy of Medical Sciences at Peking, briefly describes the chinese health care delivery system, medical education, the integration of Chinese and Western medicine, the control and eradication of communicable diseases, and the main subjects of medical research in the People's Republic of China today — cardiovascular disease and cancer, treatment of trauma (e.g., burns and severed limbs), occupational health, and pharmaceuticals. (HC-L)

7742 **Humphries, S.V.** *Role of the doctor and medical assistant, part II.* Central African Journal of Medicine (Salisbury), 25(12), Dec 1979, 271-273. Engl.
See also entry 8015.

The health situation in the People's Republic of China before the Cultural Revolution is described and the four guiding principles used to reorganize the health care system are discussed. It is suggested that Zimbabwe, which may be in much the same state as prerevolutionary China once the present hostilities are at an end, could learn much from the Chinese example. (DP-E)

7743 **Jagdish, V.** *Reorganization of health auxiliaries in India.* Tropical Doctor (London), 11(1), Jan 1981, 44-46. Engl.

The 1946 Bhore Committee Report recommended the establishment of the primary health centre (PHC) and its subcentres as the infrastructure for rural medical services in India. Implementation problems led to further committee study reports in 1973 and 1975, aimed at reorganizing health auxiliaries. The Group on Medical Education and Support Manpower was set up specifically to devise a suitable curriculum for training health assistants. In conclusion, the author makes a number of recommendations for the achievement of more effective medical services to rural communities, e.g., annual basic courses and seminars for auxiliaries to broaden their knowledge, review of the functioning of medical professionals and strict supervision by their senior officers, and closer interactions between district hospitals and PHCs. (EB)

7744 **Kralewski, J.E.** *Some observations on the Soviet health system.* Journal of Health, Politics, Policy and Law (Durham, N.C.), 5(2), Summer 1980, 227-233. Engl.

Some of the underlying political and economic considerations influencing health policy in the USSR are identified, with emphasis on how the health system supports the political system. Challenges to the Soviet health system brought about by increasing consumer expectations are also examined. (Modified journal abstract)

7745 **Krasny, J.** *Health care management on the world stage.* Dimensions in Health Service (Toronto, Ont.), 57(7), Jul 1980, 18-19. Engl.

The author defends the increasingly unpopular desire of many Third World countries to establish at least one high technology, Western style hospital as a training centre for physicians, a provider of sophisticated care, and a source of national pride. However, he suggests that developing countries adopt the Canadian rather than the US hospital model, which is primarily income-oriented, while Canadian hospitals are government funded and consequently oriented toward community service. In addition, Canada can offer 10 model systems of health care delivery (one for each of its provinces). (DP-E)

7746 **Lamboray, J.L.** *Zone de santé rurale de Kisantu, Zaïre: rationalisation de la consultation primaire; supervision et évaluation; intégration du service. (Rural health area of Kisantu, Zaire: streamlining primary consultation, supervision, and evaluation; integrating the services).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 15-32. Fren.

This paper discusses three aspects of a programme to improve the organization of health services in the rural zone of Kisantu, Zaire. First, primary consultations were streamlined by providing doctors and nurses with standardized procedures to follow. Secondly, supervision and evaluation methods were reorganized. As various health care activities were improved, individual doctors assumed the responsiblity of instructing nurses and evaluating their progress. Finally, the various components of the health services were integrated to reduce the distinction between preventive and curative medicine, eliminate duplication of services and resources, and clarify the role of hospitals and health centres. (FM)

7747 **Lew, J.** *Integration of handicapped people due to Hansen's disease into the community.* Journal of the Formosan Medical Association (Taipei), 78(10), 1979, 155-156. Engl.

This article recounts how Korea coped with its leprosy 'begabonds' after World War II in 1945 when more than 5 000 leprosy patients on the streets added to their 10 000 inpatients in four leprosaria. Most of these begging vagabonds were lepromatous patients. The Korean Leprosy Association gathered most of them and through the Hope Village movement established 16 villages by the outbreak of the Korean War in 1950. This stopped all efforts until 1955, when dapsone treatment and outpatient care came into being. Today there are about 100 resettlement villages, where some 20 000 leprosy patients are managing their daily lives, mostly in poultry and pig raising. (Modified journal abstract)

7748 **Mackenzie, C.R.** *Role of the local authority in relation to health legislation.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 16-19. Engl. International Mental Health Symposium, Pretoria, South Africa, Mar 1979.

South Africa's Health Act of 1977 calls for cooperation among the various levels of government in providing health services. This article focuses on the activities of the local authorities with special reference to mental health. These activities include field work by health visitors (whose training is briefly described), clinical work, referrals, health education, community liaison (which has been highly successful), and coordination with other levels of government in defining needs and roles. It is concluded that the role of local authorities in providing health services, while not yet clearly defined, is vast and ever expanding. (DP-E)

7749 **Mardones Restat, J.** *Origen del servicio nacional de salud. (Origin of the national health service).* Revista Médica de Chile (Santiago), 105(10), Oct 1977, 654-658. Span.

In 1952, a number of independent charitable and social institutions were brought together under Chile's national health service (NHS). This paper briefly describes the institutions, the justification for their integration, and some features of the NHS. (HC-L)

7750 **Markides, A.A.** Cyprus. Ministry of Health. *Annual report of the Medical Department for the year 1979.* Nicosia, Ministry of Health, 1979. 65p. Engl.

The 1979 annual report of the Cyprus Ministry of Health's Department of Medical Services covers environmental health, communicable diseases, health education, maternal and child health centres, school health services, geriatric care, general and specialized hospitals, dental and pharmaceutical services, rural health services, mental health services, tuberculosis control services, education, and training. Vital statistics, 8 graphs, and 22 tables are included. (EB)

7751 **Minkler, M.** *Citizen participation in health in the Republic of Cuba.* International Quarterly of Community Health Education (Farmingdale, N.Y.), 1(1), 1980-1981, 65-78. Engl. 27 refs.

This paper examines the effective integration of the Cuban people into the health system through their active participation in health care decision-making and programme implementation at all levels of society. An overview of the broader health care system and a brief historical perspective on health and health care in pre-Revolutionary Cuba is presented. Attention is focused primarily on two mass organizations — the Committees for the Defense of the Revolution and the Federation of Cuban Women — and on Public Health Commissions. Cuba's strong commitment to community participation is seen by the creation of ever more comprehensive channels for consumer input; here impressive achievements in this area stand as an example to other nations. (EB)

7752 **Mel, W.** *Psychiatric services.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 21(3), Sep 1978, 235. Engl.

Mental health services receive 0.6% of Papua New Guinea's total health budget. The country's mental health manpower consists of 2 psychiatrists, 2 clinical psychologists, 2 psychiatric social workers, a clinical anthropologist, and 35 psychiatric nurses. There is one 90-bed psychiatric hospital and one psychiatric clinic. (DP-E)

7753 **Narain, B.** *Geriatrics.* Indian Journal of Public Health (Calcutta, India), 23(2), Apr-Jun 1979, 63-70. Engl. 17 refs.

Since 1947, life expectancy in India has increased from 27-53 years. The implications of increased longevity are examined in terms of the health problems of the aged, preventive health services, nutrition, accident prevention and falls, exercise, rehabilitation, and research. Three tables of data are appended. (DP-E)

7754 **Neumann, J.** *Struktur ünd Aufgabe des Gesundheitssystems in Sri Lanka. (Structure and problems faced by the public health service system in Sri Lanka).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 42(11), Nov 1980, 884-892. German.

A brief description of Sri Lanka's geography, history, culture, religions, and people is followed by an outline of the prevailing health conditions, life expectancy, birth rate, and the decreased death rate due to improved methods of combating infectious diseases. The structure and responsibilities of the curative and preventive sectors of the health care delivery system are discussed. The author addresses the problem of the large number of newly-graduated medical doctors emigrating each year to Europe, mainly England and Scotland, and the lack of drugs and facilities. In this country where ayurvedic medicine plays an important role, the government is making efforts to integrate traditional and modern medicine. (EB)

7755 **Organización Panamericana de la Salud, Washington, D.C.** *Atención de salud para las madres y los niños. (Maternal child health care).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 87(4), Oct 1979, 343-347. Span.

This paper discusses the kind of maternal and child health services required in developing countries and the potential role of health and other personnel and the community in providing them. (HC-L)

7756 **Phoon, W.O.** *Occupational health practice in Singapore.* Japanese Journal of Industrial Health (Tokyo), 21(6), Nov 1979, 590-593. Engl.

After listing Singapore's most common industries, the author outlines the occupational health services and personnel available in that country. Training in occupational health and safety at the basic and postgraduate levels (mainly for public health inspectors) is described. Mention is made of societies and publications concerned with occupational health, future development, and the major problems in the area. Statistical data are included. (DP-E)

7757 **Power, D.J., Ireland, J.D.** *Primary health care in a paediatric setting — the background.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 30-33. Engl.

This article discusses the nature, providers, and organization of primary health care in a South African setting. A definition of primary health care and its contents are given. Three main groups of providers are discussed: the community, traditional health professionals (often in altered roles), and lay health workers. The author notes that primary health care should be organized so that it is geographically, financially, culturally, and functionally accessible. Finally, he contrasts the ideal provision of primary health care in an urban and a rural setting with the reality of each situation. (DP-E)

7758 **Quenum, C.A.** WHO, Brazzaville. *Développement sanitaire des collectivités africaines; dix ans de réflexion. (Health development of the African peoples; ten years of reflection).* Brazzaville, WHO, Cahiers Techniques AFRO No. 15, 1979. 303p. Fren.

Also published as "Health Development of African Communities," Brazzaville, WHO, 1979.

This selection of speeches by the author, WHO Regional Director for Africa since 1965, reflects on the accomplishments and aspirations of the African nations in terms of health, social justice, and development. The speeches are grouped, thematically, under the following broad headings: general orientation (health and peace, health for all by the year 2000, etc.); ways and means (scientific management, the regional committee — principal political forum for health development, etc.); health services and development; disease control as a factor in development; and training and development of health team personnel. (HC-L)

7759 **Rahman, M.** *Urban and rural medical systems in Pakistan.* Social Science and Medicine (Aberdeen, UK), 14D(3), Sep 1980, 283-289. Engl.

Available medical systems and forms of treatment in Pakistan range from traditional and religious healers (mainly in rural areas), homeopathic dispensaries, *aryuvedic* infirmaries, *tibbi* medical establishments, modern hospitals, and specialized clinics. While Western-style medicine is constantly supplanting other forms, its success is hampered by vast numbers of people, poor nutrition, low levels of health consciousness, inadequate environmental sanitation, high costs, and a shortage of qualified personnel. Traditional and modern medical systems appear to be at odds and the transition has been slow and painful. Some statistical data are included. (DP-E)

7760 **Rao, W.G.** *Needs of a paraplegic in developing countries.* Paraplegia (Edinburgh), 17(4), Nov 1979, 414-419. Engl.

The needs of patients with spinal cord injuries are discussed with special reference to India. Separate treatment programmes are suggested for urban and rural areas. Urban areas, with good facilities for transport and care, should emphasize rehabilitation and follow-up. In rural areas, early rehabilitation at local health centres should be the goal, with the rehabilitated patient and his family helping to educate the community on basic emergency measures and preventive care. Statistical data are included. (DP-E)

7761 **Ross, M.H.** *Role of the health department.* South African Medical Journal (Cape Town), 56(9), 29 Aug 1979, 333-336. Engl.

The many functions that a health department could perform in dealing with hypertension are discussed: framing acceptable definitions; supporting groups or institutions studying the pathogenesis and aetiology of the disease, its prevention, and the role of early detection and treatment in the prevention of ischaemic heart disease and cerebrovascular disease; standardizing techniques and conditions of measurement; encouraging health education; setting up a register, and providing funds for epidemiology research. It is obligatory for a health department to participate in the prevention and control of disease such as hypertension, which is both harmful and common within the population for whose health the department is responsible. (DP-E)

7762 **Saksena, D.N.** *Family planning and health work at the grass roots; some issues and new found concerns in the Indian context.* Lucknow, India, Lucknow University, Population Research Centre, Department of Economics, Series C, Occasional Paper No. 29, Aug 1979. 46p. Engl. Refs.

The different schemes and measures that the Indian government initiated to augment health and family planning services in the rural areas following the general election of 1977 are described. The image of health and family planning workers and their perception of the people they serve are also studied; refresher training and improved in-service conditions are recommended to bring these workers closer to the objectives of the current programme. It is hoped that the present policy will continue regardless of political changes within the government. Statistical data are included. (RMB)

7763 **Samba, E.M.** *Partir de rien: la santé en Gambie. (Starting from zero: health in Gambia).* Développement et Santé (Paris), (26), 1980, 22-25. Fren.

A total reorientation of health care policy, organization, and attitudes in Gambia is required to reach the goal of health for all by the year 2000. As a 1st step, meetings were held with health department officials and WHO representatives to establish primary care priorities. Consultations were also held at the local level in 12 representative villages to explain the shift in policy and stress the importance of total health care. Village health committees will choose their own primary health agents, who will be trained by the health department. The committees will also coordinate health care and environmental health activities. (FM)

7764 **Sartorius, N., Kierini, E.M., Gatere, S.** *Provision of mental health care: a strategy for action.* In Kiev, A., Muya, W.J., Sartorius, N., The Future of Mental Health Services, Amsterdam, Excerpta Medica, International Congress Series No. 504, 1980, 115-124. Engl.
Conference on the Future of Mental Health Services, Nairobi, Kenya, 14-18 Aug 1978.

This round table discussion on planning health services for Kenya covers the low priority given to these services, the training of nurses and psychiatric nurses, community psychiatry, and psychiatric units in general hospitals. One such unit is described in terms of types of patients, the functions and responsibilities of the staff nurses, pay scales, and legal aspects. The problem of persuading nurses to accept rural assignments is briefly examined. (DP-E)

7765 **Seitz, R.** *Village life in Laos.* World Health (Geneva), Jul 1980, 21-23. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The government of Laos is attempting to set up a national network of community health and referral services, the cornerstone of which is the village health centre. In doing so, it must overcome the effects of war, poverty, underdevelopment, and underpopulation. This paper describes the organization and special features (e.g., its incorporation of traditional practitioners and medicine) of the envisioned services, with reference to a practical model (Phone Hong District) developed for demonstration and training purposes. (HC-L)

7766 **Shelm, U.** *Soins medicaux en zones rurales. (Medical care in rural areas).* Brazzaville, WHO, Cahiers Techniques AFRO No. 10, 1975. 64p. Fren.

This book discusses the characteristic health problems found in rural Africa, the avilable health services and their limitations, and the type of delivery system that is required to provide a basic level of health care for the inhabitants. Annexes contain an outline of an integrated health care delivery scheme in the district of Kinkala, People's Republic of Congo (Brazzaville), and a report of the technical discussions on this pilot project. Lists of equipment and supplies used in the project's health centres, laboratories, etc., are included. (HC-L)

7767 **Siddiqui, A.K.** *Health care resources and public policy in Pakistan.* Social Science and Medicine (Aberdeen, UK), 14D(3), Sep 1980, 291-298. Engl. 23 refs.

This study examines the difficulties in establishing a viable system to provide health care facilities in Pakistan. Distribution patterns of existing facilities reveal serious inadequacies with regard to planning, capital, and sociocultural factors. Whenever possible, health service development planning must be based on the needs of the population. Statistical data are included. (Modified journal abstract)

7768 **Sutnick, A.K., Puchkov, Y.I.** *Health care system in India.* Annals of Internal Medicine (Philadelphia, Pa.), 93(4), Oct 1980, 634-635. Engl.

In an examination of India's hierarchical health care system, the roles of the Ministry of Health (administration and planning), the Central Health Council (implementation), the Medical Council of India (training), and the state and district authorities are briefly outlined. In 1977, a government programme was initiated to train community health workers whose curriculum and functions are described. Other efforts to improve rural health services include the training of multipurpose workers and the establishment of primary health centres. (DP-E)

7769 **Tuckwell, S.** *Hidden 40 million.* New Internationalist (Oxford, UK), 95, Jan 1981, 22-23. Engl.

This article explodes the myth that there is no fundamental difference between rich and poor countries in either the kind, severity, or incidence of mental illness; WHO estimates that there are 40 million untreated, severely stricken mental patients in the developing world today. Although the majority of these patients, for a variety of cultural and economic reasons, are women, most patients receiving treatment are men. Since most families cannot afford to spend limited resources hospitalizing mentally disabled family members and most care for them at home, suitable mental health programmes should supplement family care, aim for vulnerable groups, and be cost-effective. Examples from Bangladesh are given. (DP-E)

7770 **Twumasi, P.A.** *Social history of the Ghanaian pluralistic medical system.* Social Science and Medicine (Aberdeen, UK), 13B(4), 1979, 349-356. Engl. 26 refs.

In Ghana, two medical systems have in recent decades existed side by side, leaving the individual the unsuspecting victim of the contradiction between their respective theories and realities. This paper traces the history of the two systems and outlines a model emerging from a WHO-sanctioned programme of community-based primary health care that may offer a contemporary solution to the problem of competing systems. Ghana has always been open to new methods of health care, but the modernization process has affected the traditional authority pattern. This is primarily a study in medical institutional adaptation. (Modified journal abstract)

II.3 Planning

See also: 7702, 7704, 7705, 7819, 7967, 8059, 8061, 8070, 8079, 8131, 8156.

7771 **Adamson, P.** *Locked out of life.* New Internationalist (Oxford, UK), 95, Jan 1981, 27-28. Engl.

Excluding disabled children from normal family life is often more damaging to the children than the disabilities themselves. In addition to preventing disabilities by appropriate measures such as vitamin A supplementation to prevent blindness, rehabilitation services must stress the normal processes of child development, which can be accomplished mainly by advising and supporting the family. (DP-E)

7772 **Aherey-Rassaguisa, D.** *Politique nationale d'approvisionnement et de distribution des médicaments. (National policy for the supply and distribution of drugs).* Médecine d'Afrique Noire (Paris), 27(12), Dec 1980, 935-937. Fren.

In a developing country such as Gabon, the policy of health for all by the year 2000 implies the creation of a widespread, effective system for the supply and distribution of drugs and medicine. Present obstacles include lack of local production and control, unnecessary increases in the number of products on the market, and lack of an efficient transportation network. Key aspects of a national pharmaceutical policy, to be backed up by appropriate legislation, include selection of products, quality control, local production, distribution, establishing prices, initiation of health personnel in proper use of drugs, and utilization of local materials and traditional remedies. (FM)

7773 **Baric, L.** *Evaluation: obstacles and potentialities.* International Journal of Health Education (Geneva), 23(3), 1980, 142-149. Engl.

Also published in French, German, and Spanish.

If health education is to be raised to the status of a scientific discipline, an evaluation process is necessary. Yet many obstacles stand in the path of proper evaluation: health education specialists tend to claim exclusive rights to the field, current models fail to consider lifestyle in assessing behaviour, vague concepts such as knowledge and attitudes have varying definitions dependent on the user, etc. Indeed, health education must be redefined to take into account social factors as well as personal factors affecting behaviour. Also, the evaluative process needs a firmer theoretical basis and must be able to take into consideration the effects of informal health education. (DP-E)

7774 **Blizard, P.J.** *Technique for selecting the most appropriate teaching method or combination of methods for a particular situation.* Jakarta, Consortium of Medical Sciences Bulletin Series, No. 3, May 1975. 16p. Engl. 3 refs.

Based on the assumption that choice of teaching method is not a random process but rather a process which can be subjected to relatively rational, detached decision-making, this paper seeks to identify the types of teaching methods available and isolate some of the criteria used in judging suitability of method. The author puts forward a simple procedure whereby an individual teacher or group of teachers can choose the optimal approach for his/their particular situation. The appendix lists 23 methods of teaching and the principal features in each. (EB)

7775 **Blumstein, J.F., Zubkoff, M.** *Public choice in health: problems, politics and perspectives on formulating national health policy.* Journal of Health, Politics, Policy and Law (Durham, N.C.), 4(3), 1979, 382-413. Engl. Refs.

Development of health policy goals necessitates a choice among normative premises and, often, an accommodation of conflicting values. A sensible approach toward formulating national health policy requires that competing values be identified and discussed explicitly. This article examines the effect that selection of different theoretical perspectives can have on the identification of problems and on the formulation of prescriptive policies in the health field. It also focuses on the different values that are promoted by different policy perspectives and considers alternative modes for implementing value choices. (Modified journal abstract)

7776 **Bredin, M., Raimbault, A.M.** *Going from understanding needs ... to health activities.* Children in the Tropics (Paris), 1980, No. 124, 5-22. Engl.

This article examines the process of building a health programme based on community needs. After defining some basic concepts, the authors delineate the phases involved in the process: the gathering and recording of information, the choosing of priorities, the selection of solutions, implementation, and evaluation. An analogy is drawn between this process and that used in treating an individual, and it is noted that the phases are often overlapping rather than consecutive. Examples from the field of diet are used to illustrate this process. (DP-E)

7777 **Bryant, J.H.** *WHO's program of health for all by the year 2000: a macrosystem for health policy making — a challenge to social science research.* Social Science and Medicine (Aberdeen, UK), 14A(5), Oct 1980, 381-386. Engl.

See also entry 8160.

WHO's concept of Health for All by the year 2000 has emerged from a series of ideas and trends that have been evolving over the last two decades. WHO is engaging all member nations in the process of formulating national strategies for achieving this goal and will use those as a basis for a global strategy. This paper describes the origins and meaning of Health for All, responses to it, and current developments relating to it. The author argues that WHO's well-established network of national, regional, and global offices together with a well-coordinated series of governing bodies that provide the possibility of formulating and pursuing international health policies can be viewed as an international macrosystem for health policy formulation and provide an important opportunity for social sciences research. (DP-E)

7778 **Carpenter, M.** *Restructuring health care in the Third World.* Journal of the American Medical Association (Chicago, Ill.), 10(247), 12 Mar 1982, 1383, 1387-1388. Engl.

Since hospitals receive more than 80% of developing countries' health budgets, it is suggested that they should be encouraged to give more attention to community needs, health manpower training, outpatient care and referral systems, and socially relevant research. This type of research in Narangwal, India, was able to identify the lack of communication between health workers and parents that was undermining the oral rehydration programme as well as the cultural factors contributing to marasmus and neonatal tetanus. Other areas in which research is needed are data collection, drug supply, and appropriate technology. The role of hospitals in medical education and patient care is examined in some detail. (DP-E)

7779 **Champagne, D.** *Information et prévention. (Information and prevention).* Développement et Santé (Paris), (29), 1980, 26-27. Fren.

Information on proper health habits plays an important role in improving overall health status and reducing the sometimes harmful effects of traditional methods. Prenatal clinics offer an excellent opportunity to teach proper child care to young mothers. Any method used to diffuse health education information should emphasize a single theme (nutrition, hygiene, etc.) using the local language and simple, non-technical terms. An easily remembered slogan is also useful in reinforcing the message. Discussion groups, radio broadcasts, posters, theatrical presentations, cassettes, films, and television programmes are among the many audiovisual aids used to promote preventive medicine. (FM)

7780 **Croll, N.A., Sole, T.D.** *Simple method for the determination of sample size in surveys for intestinal parasites.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 12(3), Sep 1981, 380-383. Engl. Refs.

Selection of a suitable sample size is critical for surveys of both human and animal parasites. The sample size must be large enough to account for virtually all the parasite species present in their relative proportions but small enough for practical considerations. This article proposes a simple method based on the ecological tenet that a community of organisms has an unequal species distribution. It is suggested that whenever a new species is discovered, a further number of patients should be examined equal to the number already investigated. Some illustrative statistical data are included. (Modified journal abstract)

7781 **de Gally, E.T.** *Experiences of a publisher of training and persuasional materials for development programs in Latin America or communicating the joys of eating dark green leaves.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 134-140. Engl.

For complete document see entry 7983.

Several aspects of mass media campaigns involving printed materials are examined, with special emphasis on Latin America. These include literacy, the use of other forms of mass media, the target audience, the cultural and educational background of the audience, flexibility and imagination, resistance to change, collaboration between illustrators and writers, the design of the publication, and criteria for evaluation. (DP-E)

7782 **Développement et Santé, Paris.** *Politique de la santé au Bénin. (Health policy in Benin).* Développement et Santé (Paris), (19), 1979, 11-14. Fren.

The People's Republic of Benin has adopted a health policy that is based on the following strategies. providing the country with an adequate health infrastructure (health centres, etc.); giving priority to preventive medicine; combining modern medicine and traditional medicine; forming a National Health Council for guiding state health policy; and exploiting hot spring and mineral waters for therapeutic and commercial purposes. These strategies are briefly elaborated in this paper. (HC-L)

7783 **Donaldson, D.** *Safe water and sanitation for the millions.* Bulletin of the Pan American Health Organization (Washington, D.C.), 11(1/4), 1979, 5-9. Engl.

This article considers the lessons that have been taught by attempts in Latin America over the last two decades to improve the supply of drinking water. While the number of people receiving water through house connections increased greatly, the quality of water and the amount of water lost by leakage, illegal connections, etc., was often high. Other issues to be faced include the training of manpower, the selection of an appropriate technology, and the continued financing of the water and sanitation systems. Some statistical data are included. (DP-E)

7784 **Drummond, T.** *Rethinking nutrition education.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 2-11. Engl.

For complete document see entry 7983.

Poor health and nutrition among the world's population are caused more by a lack of access to resources than by a lack of knowledge. This means that any nutrition education programme must concentrate on enabling people to recognize their needs and giving them tools to participate effectively in the decisions that determine their lives. This presentation serves as an introduction to a philosophy of education that stimulates the discovery, analysis and solving of community problems. This philosophy was delineated by Paulo Freire, who has developed a methodology for teaching illiterates in developing areas. (Modified journal abstract)

7785 **Feachem, R.G.** *Rural water and sanitation; community participation in appropriate water supply and sanitation technologies: the mythology for the decade.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 15-29. Engl. 30 refs.

Appropriate technology and community participation have become popular concepts that are often raised in connection with the International Drinking Water Supply and Sanitation Decade (1981-1990). This paper examines the validity and importance of these concepts and concludes that it is, rather, the fundamental political and administrative realities of a country that determine the success or failure of a rural water and sanitation programme. (HC-L)

7786 **Gish, O.** *Political economy of primary care and "health by the people": an historical exploration.* Social Science and Medicine (Aberdeen, UK), 13B(4), 1979, 203-211. Engl. 22 refs.

This paper briefly reviews the development of personal health services within the Third World as a background to the current discussion of primary care and so-called "health by the people" efforts. Static or worsening life conditions have led, at least in international discussion, to a shift of emphasis from the growth of the national product to the provision of health care as the primary solution to underdevelopment. It is concluded that improved health is not a matter of medical systems but rather a broader question requiring better understanding of the nature of underdevelopment itself and that all health activities must be related to the specific circumstances. Changes in existing social and property relationships are a necessary adjunct to improved health. (Modified journal abstract)

7787 **Gordon, J.A.** *Remoulding of the health services in Zimbabwe.* Central African Journal of Medicine (Salisbury), 26(3), Mar 1980, 67-71. Engl. 9 refs.

In this paper, the author presents the historical background of the current medical situation in Zimbabwe. Examining recent publications on the subject, he points to the need for the medical profession, in its widest sense, to meet and replan the country's medical services and facilities. He discusses the concept of the pyramid system in health care and how simple common sense training at grass-roots level would greatly benefit communities. Preventive measures must be undertaken, since many of the ailments are standard tropical illnesses; the political prejudice attached to the vaccination campaigns of the early 1950s, and persisting since then, must be overcome. Village health workers with minimal amount of training could carry out such campaigning. (EB)

7788 **Grosse, R.N.** *Interrelation between health and population: observations derived from field experiences.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 99-120. Engl. 59 refs. Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

After a review of health status and trends in developing countries since 1950, the major health problems and their causes are identified. An analysis follows of associations between health resources, water and sanitation facilities, independent variables and measures of health status — life expectancy, crude death rates, and infant mortality — as the dependent variables. Health policies and their implementation are discussed, as well as the resource requirements and health effects of different methods of organizing and combining health programmes in a few developing countries. Statistical data are included. (Modified journal abstract)

7789 **Grosse, R.N., Harkavy, O.** *Role of health in development.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 165-169. Engl. 17 refs. Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

The basic needs strategy of development is directed toward helping poor nations meet requirements for adequate food, shelter, sanitation, health, and education; thus, health becomes an objective of development. At the same time, a basic needs strategy is most effective as a means to increase individual and national productivity, not merely as a welfare services programme. Expenditures on health are considered as an investment in human resources, contributing to productive capacity, but empirical studies on the contribution of health to *per capita* economic growth are largely anecdotal, marred by poor design and insufficient data. A similarly perplexing problem is the extent to which improved health is the result of specific health programme interventions as compared to improved economic and social conditions. Better data and analysis are necessary, not only to elucidate the interrelationships between health and development, but to measure the costs and benefits of specific health interventions. (Modified journal abstract)

7790 **Grosslight, G.M.** *Screening for health: a preventive approach.* Australian Family Physician (Jolimont, Australia), 9(1), Jan 1980, 17-19. Engl. 14 refs.

There still exists a strong bias against health screening among the medical profession. The strongest objections stem from the belief that costs are prohibitive and useful information obtained scant, both debatable points. Screening is a useful preventive tool; the information stored in computers is a valuable source of important epidemiological data. Coordinated examination of large groups reduces the possibility of a non-representative sample and allows for health patterns and disease trends to become manifest. Further, the data on each patient are available and have enormous potential as a teaching aid used by the doctor for his patient. (Modified journal abstract)

7791 **Hargrave, J.C.** *Focus on Aboriginal health — flexibility and self help are keystones of the new NT Aboriginal health policy.* Medical Journal of Australia (Sydney), 2(11), 28 Nov 1981, 575-576. Engl.

Three main objectives have been identified by the Australian health services as essential to the goal of helping the Aborigines combat some of the widespread diseases (alcoholism, obesity, diabetes, hypertension, etc.) resulting from cultural and social change. These objectives are to promote among them an active commitment to health and fitness, to provide access to primary and secondary health care, and to encourage their participation in all aspects of the health system. As a result, Aboriginal health workers are urged to remain flexible in their approach in such matters as community participation and traditional medicine. The author expresses confidence that, once the Aborigines have received the proper training, they are perfectly capable of assuming responsibility for their own health care. (DP-E)

7792 **Irwin, M.** *Reaching the unreached.* World Health (Geneva), Jan 1981, 13-17. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

UNICEF studies have revealed that most of the impairments occurring among Third World children could have been prevented, would not have developed into disabilities if proper diagnosis and treatment had been available, and could be treated at home. It is suggested that more emphasis be given to prevention within the basic health services, especially in the area of mental disability, and to simple rehabilitative techniques that can be taught to family members. The example of a project in the Philippines is given. (DP-E)

7793 **Joseph, S.C., Russell, S.S.** *Is primary care the wave of the future?* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 137-144. Engl.
Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

While this paper touches upon the relative merits of primary health care (PHC) in contrast to alternative approaches, it focuses on the need to move from thinking about these as if they were mutually exclusive alternatives and to giving greater attention to the proper balance among these alternatives. The role of sociopolitical motivation is also examined, and the authors seek to identify and explore resource requirements for and constraints to global expansion of PHC over the next 20 years and propose specific principles to guide the development of PHC strategies. (Modified journal abstract)

7794 **Kleczkowski, B.M.** *Matching goals and health care systems: an international perspective.* Social Science and Medicine (Aberdeen, UK), 14A(5), Oct 1980, 391-395. Engl.
Sixth International Conference on Social Science and Medicine, Amsterdam, Netherlands, 6-10 Aug 1979.

With the recent declarations of the World Health Assembly and WHO, including the Health for All concept, as background, the author comments on how the process of matching goals and health care systems is being visualized from the international perspective. He stresses that, since health development both contributes to and results from socioeconomic development, health policies must form part of an overall development strategy. Many issues are dealt within specifically, including: the organization and role of the local health services system, health knowledge and technology, training, health services management, and the reorganization of national health services. (DP-E)

7795 **Knowles, J.H.** *Health, population and development.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 67-70. Engl.
Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

This paper cites evidence that health interests are on the ascendency within the international development community — a phenomenon manifest in the general trend away from the "trickle-down" notion of development and toward a strategy of growth from below through the meeting of basic human needs. The current challenge is to determine which policy options constitute the best and most cost-effective ways of improving health status and the quality of life in developing countries. (HC-L)

7796 **Manetsch, T.J.** *Toward a comprehensive approach to nutrition health-planning for poor countries.* Ecology of Food and Nutrition (London), 11(4), 1982, 225-233. Engl. Refs.

The problems of designing health and nutrition programmes that are compatible with both the national development goals of developing countries and the constraints imposed by the village milieu are examined. National level nutrition, health, family planning, food production, and other programmes are considered along with their sometimes conflicting impacts on variables such as nutritional status, infant mortality, population growth rate, economic activity, etc. An illustrative village-level nutrition and health programme, designed to meet human needs within realistic budget constraints, is described. The possible roles of computer models in the planning process are also discussed. (Modified journal abstract)

7797 **Mutalik, G.** *Challenge of PHC.* World Health (Geneva), Oct 1980, 20-23. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The author finds that the spread of the primary health care concept among the countries of Southeast Asia is producing what has been called "a silent health revolution". In interviews with health officials from the region, he touches on a broad range of topics from planning, implementation, delivery, and acceptance to evaluation of programmes. The officials are optimistic, but not unrealistic, about the progress that can be made in the delivery of health care. It is concluded that by a major effort at the community level, coupled with political will to support such effort, the region can make substantial progress toward the goal of Health for All by the year 2000. (DP-E)

7798 **Nizetic, B.Z.** *Acquisitions récentes dans les problèmes de santé publique en ophtalmologie/Current issues in eye-health services research.* Revue Internationale de Trachome et de Pathologie Oculaire Tropicale et Subtropicale (Marseilles, France), 57(1), 1980, 21-26. Engl., Fren.

The author reviews recent trends in ophthalmology that he feels justify increased emphasis on health services research in this field. Such research requires an interdisciplinary approach to developing comprehensive eye-health care, including prevention, diagnosis, and treatment of eye diseases, as well as the rehabilitation of the visually impaired. This system would increase coverage and quality of eye care and improve the utilization of existing resources. In achieving this goal, five priority areas need urgent attention: adequate use of health services, studies of different eye care systems, health planning and evaluation, educational research into ophthalmology manpower development, and the interrelationship between scientific research and eye care delivery. (FM)

7799 **Putintsev, A.N., Yashin, A.I.** *Closed simulation model of health-care services.* Automation and Remote Control USSR (Moscow), 41(2), 1980, 251-258. Engl. 14 refs.

This paper considers a mathematical model of health care services based on market relations. The effect of exogenous forces causing transient processes in the functional dynamics of health care services is analyzed. Various control strategies in the presence of transient processes are examined under a variety of economic conditions characteristic of the market economy. An appendix contains model variables, parameters, and equations. (Modified journal abstract)

7800 **Reilly, B.J., Legge, J.S., Reilly, M.S.** *Rural health perspective: principles for rural health policy.* Inquiry (Chicago, Ill.), 17(2), Summer 1980, 120-127. Engl. 31 refs.

Several principles for planning health services for rural areas of the USA are outlined. These include the need to: distinguish between areas that can and cannot afford to pay for health services, recognize difficulties in recruiting physicians and develop innovative recruitment methods, train and deploy other types of health workers, and encourage community participation and financial contributions. (DP-E)

7801 **Robinson, D.** *Self-help component of primary health care.* Social Science and Medicine (Aberdeen, UK), 14A(5), Oct 1980, 415-421. Engl. 14 refs.

Constructing an adequate system of primary health care is a matter not only for national governments and international organizations but also for the people. Many individuals with problems come together to help each other to help themselves and the health area is no exception. This paper discusses the dynamics of the self-help process and the various aspects of community participation in health care, concluding that the sooner self-help is taken into account as one of the basic components of primary care, the likelier it will be that we shall move some way toward Health for All by the year 2000. (Modified journal abstract)

7802 **Rosenblatt, R.A.** *Planning ensures local and referral care for remote rural area.* Hospitals (Chicago, Ill.), 53(21), Nov 1979, 83-84, 86, 88. Engl.

This article describes the planning process that led up to and permitted the replacement of an obsolete rural hospital in Alaska, USA. The planning effort had 4 major phases: development of a consensus on the role of the facility; identification of the services required by the target population, some of which would be provided by urban referral centres; determination of the size and design of the projected facility; and negotiation of the final design and the securing of funding. The process (which was complex and involved local, state, and federal authorities) was ultimately successful, and the author suggests that it can be applied in other rural settings. (DP-E)

7803 **Rosenfield, P.L., Bower, B.T.** *Management strategies for mitigating adverse health impacts of water resources development projects.* Progress in Water Technology (Oxford, UK), 11(2), 1979, 285-301. Engl. 42 refs.

Substantial evidence exists that some types of economic development projects have resulted in unanticipated adverse side effects. Two deficiencies in planning and executing past water resources projects have been the failure to analyze possible adverse side effects of such projects and the failure to incorporate in projects the implementation incentives and institutional arrangements necessary to initiate, operate, and maintain the projects' over time. To reduce the adverse side effects of such projects, more rigorous field monitoring and subsequent analysis must be done to determine which combination of physical measures, implementation incentives and institutional arrangements are most effective in achieving the desired reduction in adverse health impacts in different cultural contexts. This paper attempts to suggest procedures for improving the planning and execution of water resources development projects. (Modified journal abstract)

7804 **Saifuddin, F.D., Jatiputra, S., Achadi, A., Blizard, P.J.** *Systematic curriculum development in an Indonesian post-graduate Faculty of Public Health.* Medical Education (Oxford, UK), 14(4), Jul 1980, 295-302. Engl. Refs.

This paper describes significant features of an Indonesian postgraduate Faculty of Public Health and its project to assist teachers to adopt systematic approaches to curriculum development, planning, and implementation based firmly on Indonesian needs and conditions. Over a 2-year period all curricula were redefined in terms of skill-based and learner-centred objectives. The academic staff indicated their intention to implement the changes; their responses are outlined in tables. In conclusion, the authors discuss the interrelated factors that contributed to the successful conclusion of the project: faculty power structures supporting change, the decision-making procedures, and the widespread involvement of all teaching staff. Statistical data are included. (EB)

7805 **Sene-Ingueza, H.** *Perspectives d'avenir liées aux problèmes du médicament au Gabon. (Future prospects related to the problem of medicine and drugs in Gabon).* Médecine d'Afrique Noire (Paris), 27(12), Dec 1980, 949-950. Fren.

Increased demand for pharmaceutical products in Gabon will bring about new economic and sociosanitary problems. In order to minimize the cost of producing drugs and medicines, a local production unit is proposed. As well as producing common, essential drugs from imported raw materials, such a unit could explore the utilization of local resources such as those used in traditional remedies. To minimize possible health risks, a national laboratory is essential to control the quality of drugs distributed in Gabon. A pharmaceutical surveillance centre is also recommended to study possible secondary effects of drugs, particularly those developed in other countries, under local environmental conditions. (FM)

7806 **Stone, D.H.** *Approach to planning for prevention.* Public Health (London), 94(2), 1980, 95-102. Engl. 15 refs.

Health planners have an important role to play in stimulating preventive medicine, which is a popular concept at the present time but difficult to translate into practice. In planning for prevention, information on both the pattern of community health and the availability of preventive techniques has to be collated and interpreted. This latter process employs value-laden criteria that should be explicitly stated since these criteria determine priorities for action. A draft plan of prevention is presented and some of the problems associated with its implementation in a time of economic recession are discussed. (Journal abstract)

7807 **Tumbelaka, W.A., Sudjarwo, S.R.** *Prevention of communicable diseases in infants in Indonesia.* Paediatrica Indonesiana (Jakarta), 20(3-4), Mar-Apr 1980, 83-90. Engl. 13 refs.
International Symposium on Maternal and Child Health, Nagoya, Japan, 29-30 Oct 1979.

This paper presents some statistics on health status in general and child health in particular in Indonesia. It then identifies six problem areas that are to be addressed in the 3rd Five-year Development Plan and some strategies to be adopted in its implementation. These include extending service outreach to rural and low-income urban populations, expanding the immunization programme, and promoting village community health development, including the training of village health workers. (HC-L)

7808 **Vallejo, N.** *Programas de información, promoción y educación en inmunizaciones. (Programmes of information, promotion and education on immunization).* Salud Pública de México (Mexico City), 21(4), Jul-Aug 1979, 369-378. Span. 8 refs.

Poor response to vaccination programmes is often due to failure to enlist community participation. With reference to Latin America, this paper discusses health motivation and how individual, community, and sociohistorical factors must be taken into consideration when educating the public to take part in any preventive programme. (HC-L)

7809 **van den Heuvel, W.J.** *Role of the consumer in health policy.* Social Science and Medicine (Aberdeen, UK), 14A(5), Oct 1980, 423-426. Engl. 19 refs.

Although the idea of involving the consumer in health policy — planning, organization, and the delivery of health care — is widely accepted, the meaning of the concept and its usefulness remain unclear. Health care authorities have their own specific interest in consumer involvement. It is argued that the role of the consumer in health policy is difficult to define. Studies on consumer satisfaction and consumer evaluation often do not really contribute to promoting the role of the consumer in health care. A conceptual clarificaton is needed to promote and apply the ideas implicit in the concept. (Modified journal abstract)

7810 **West, S.R., Harris, B.J.** *Health needs and primary care.* New Zealand Medical Journal (Wellington), 91(657), 9 Apr 1980, 264-267. Engl.

A survey of 1 283 households (5 164 individuals) was carried out in South Auckland, New Zealand, in order to determine the number, nature, health status, and health needs of a population likely to be served by a planned health centre development. The results are discussed and are presented as statistical data. The authors describe their methods in some detail and suggest that such surveys may add a useful new dimension to planning for the delivery of health services. (DP-E)

7811 **WHO, Copenhagen.** *Principles and methods of health education; report on a WHO working group.* Copenhagen, WHO, EURO Reports and Studies No. 11, 1979. 17p. Engl.
Report on a WHO Working Group, Dresden, Germany FR, 24-28 Oct 1979.

This WHO Working Group endorsed the following six principles of health education. Health education (1) is a community responsibility; (2) should be properly organized and planned; (3) should be scientifically based, tested, and evaluated; (4) should involve public participation and encourage personal responsibility for health; (5) includes a special role for medicine and for health services; and (6) should be adapted to the needs of target groups. The Group also considered the need for health education specialists, the role of the physician and the health team in health education, and the relationship between health and education. It recommended that further attention be given to the methodology of health education. (Journal abstract)

7812 **WHO, Geneva.** *Charter for health development: a milestone for WHO's South-East Asia Region.* WHO Chronicle (Geneva), 34(5), May 1980, 171-174. Engl.

The Charter of Health Development, pioneered by WHO's South-East Asia Region, affirms the basic principles for the provision of an acceptable level of health for all, i.e., primary health care, appropriate manpower development, provision of safe water and sanitation, promotion of maternal and child health, control of communicable diseases, and improvement of nutrition; it also serves as an instrument for fostering continued technical cooperation among the countries of the region. This paper gives the full text of the charter. (HC-L)

7813 **WHO, Geneva.** *Drug policies for primary health care.* WHO Chronicle (Geneva), 34(1), Jan 1980, 20-23. Engl.
Thirty-second Session of the WHO Regional Committee for South-East Asia, 20 Sep 1979.

The technical discussions held during the 32nd session of the WHO Regional Committee for South-East Asia called for the development of comprehensive national drug policies aimed at ensuring 1) the availability, at reasonable cost, of essential drugs of high quality, safety, and efficacy and 2) the proper utilization of these drugs by health personnel. This paper briefly discusses the main points made during the discussions and presents the recommendations put forward by the participants. (HC-L)

7814 **WHO, Geneva.** *Sixth report on the world health situation 1973-1977; part I: global analysis.* Geneva, WHO, 1980. 288p. Engl.
See also entry 8171.

The aim of the two-volume WHO report is to identify general trends in the world health situation and to evolve a strategy including the most promising ways of developing health services and medical science. Part I contains a global analysis of the world health situation from 1973-1977, highlighting major developments within each area of the health sector and outlining future prospects regarding demography, social and economic aspects, health status trends, health manpower supply and demand, and world health policies. An annex of tables, graphs, and maps is included. (EB)

7815 **WHO, Geneva.** *Science and technology for health promotion in developing countries: 2.* WHO Chronicle (Geneva), 33(12), Dec 1979, 447-456. Engl.
United Nations Conference on Science and Technology for Development, Vienna, Austria, 20-31 Aug 1979.
See also entry 7124 (volume 11).

The primary health care approach is gaining world-wide acceptance as the most practical and rapid solution to the deplorable health situation in many developing countries. This paper describes the technical difficulties and principle obstacles to the achievement of primary health care; outlines WHO's methodology for applying systems analysis to the health planning and management process in varying national situations; and sets forward a number of general recommendations for actions in support of primary health care. The concept of country health programming is expanded in the annex and the three main stages in the formulation of a programme are defined. (HC-L)

7816 **Wolman, A.** *Working with the people for the people; in the communities lies the key to achieving our water and sanitation goals for the next decade.* Bulletin of the Pan American Health Organization (Washington, D.C.), 11(1/4), 1979, 10-13. Engl.

If the goals of the International Drinking Water Supply and Sanitation Decade (and the great improvement in health that would result) are to be achieved, all levels of government and the communities themselves must be involved. The most important participants in the process are the hundreds of millions of rural residents who must be made aware of the problems and be motivated to seek solutions. It is also necessary to select materials and methods that are suited to local needs and can be operated and maintained by local manpower. (DP-E)

II.4 Geographical Distribution of Health Services and Workers

See also: 7715, 7999, 8048.

7817 **Fulton, G.P., Syiek, J.A., Evans, C.W., Mayes, C.R.** *Strategies for a statewide approach to improving geographic distribution of health professions.* Journal of Medical Education (Chicago, Ill.), 56(10), Oct 1980, 865-871. Engl.

A combination of several educational strategies for improving the distribution of health professionals is proposed as a coordinated state-level approach to health care in rural areas. The strategies in place in South Carolina (USA) are described to exemplify the concept and potential of such an approach. A unique characteristic is the suggestion that rural communities accept that health professionals are unlikely to remain permanently and that communities institute procedures for a planned turnover that will ensure continuity of service. Rural practice fellowship and rural practice scholarship components are proposed. (Modified journal abstract)

7818 **Ryan, M.** *Doctors in rural practice.* British Medical Journal (London), 281(6240), 30 Aug 1980, 600-601. Engl.

The USSR has employed various strategies — compulsory rural service, monetary incentives, differential recruitment in favour of rural youth, etc. — to induce medical graduates to work in the rural areas, but the problem of getting and keeping them there persists. This paper briefly discusses the problem and the merits and shortcomings of attempts made to solve it. (HC-L)

7819 **Sheps, C.G., Bachar, M.** *Rural areas and personal health services: current strategies.* American Journal of Public Health (New York), 71(1), Jan 1981, Suppl., 71-82. Engl. 9 refs.

Federal and state government efforts to overcome problems of physician shortages and poor access to health services in rural areas of the USA are briefly described. After analyzing these efforts (most of which were financial), the author identifies five models that have been used with varying degrees of success; these include the community health centre, organized group practices, freestanding primary care centres, traditional solo practices, and institutional extended programme models. Each model is assessed in terms of characteristics of professional personnel, characteristics of health care content, programme organization and administration, characteristics of and relationship with the community, etc. (DP-E)

II.5 Financial Aspects

See also: 8061, 8081, 8082.

7820 **Agarwal, A.** *Worldwide commitment.* World Health (Geneva), Aug-Sep 1980, 14-17. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Meeting the target of universal clean water and sanitation by the end of this decade is a monumental but necessary task. The cost will be great but much less than the world currently spends on such things as alcohol, cigarettes, and non-essential drugs. International cooperation is needed for collection and transfer of information, training of manpower, etc., but the primary commitment will have to come from the governments of developing countries with vital community-level involvement. Various organizations within the world community have begun to supply monetary and technical help, but the work is just beginning. (DP-E)

7821 **Coleman, J.R., Kaminsky, F.C., McGee, F.** *Survey of financial planning models for health care organizations.* Journal of Medical Systems (New York), 2(1), 1979, 59-69. Engl. 32 refs.

This paper describes "what if?" financial planning models developed for health care administrators and financial managers to study and evaluate the economic impact of changes in a health care organization's charge structure, operating policies, reimbursement plans, and services and resources. Models for inpatient and outpatient care systems are presented. The models are described in terms of input, output, and application. An assessment of the state of the art of financial planning and prospects for the future of "what if?" models are given. (Journal abstract)

7822 **Elliott, C.** *Economic aspects of village health.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 71-82. Engl. 28 refs.

This paper analyzes the two variables "labour" and "cash" and their effect on a village's capacity for generating food and excess capital for health care during three time periods: the seasonal; the medium term, i.e., the period during which technology and land supply may be considered constant; and the long-term, i.e., the period over which land availability may change or technological development occur. It is concluded that land reform is an important part of any programme of health promotion where landlessness is a major problem. (HC-L)

7823 **Gruber, F.J.** *Delivery of primary medical care through a health team approach: philosophy, strategy, and methods.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 150-155. Engl.
Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana.*

Prepaid medical care systems, such as the compulsory social security systems in Latin America and voluntary health maintenance organizations in the USA, confront a variety of problems. This article points out some of the philosophical issues that should be resolved in planning such services, outlines one kind of strategy for matching different kinds of consumer demands with appropriate services, and describes an experimental model employing that strategy at the USA's Texas Tech University School of Medicine. (Modified journal abstract)

7824 **Joseph, S.C.** *Outline of national primary health care system development: a framework for donor involvement.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 177-180. Engl.
Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

This summary presentation describes the assumption that underlie the drive, on national and global basis alike, for the development of nationwide access to primary health care, and outlines the actions that most developing countries will go through in moving towards development of a national primary health care system. The paper then arrays these actions in schematic form against categories of possible donor support, as a framework for further discussions. (Journal abstract)

7825 **Kefauver, M., Buendía, A., Rice, J.A.** *Health care in Latin America: a look at the Colombian system.* Hospitals (Chicago, Ill.), 54(23), Dec 1980, 62-64. Engl.

This paper describes Colombia's hospital system, how it is financed, and the enormous financial problems that it has had to face in the recent past. From 1977-1978, for example, hospital costs increased an average of 30% while salaries increased more than 25%. Efforts at economizing have focused on improving management systems and administrative technique and establishing shared central services for urban hospitals. Real cost containment, however, will depend on such basic changes as decentralization of medical care; special labour legislation for hospitals; revision of the basic tax structure; government price control of drugs, supplies, and equipment; and improved personnel training in the area of administration. (HC-L)

7826 **McCarthy, N.J.** *Benefit-cost and cost-effectiveness analysis: theory and application.* Development in Biological Standardization (New York), 43, 1979, 403-417. Engl. 36 refs.
International Symposium on Immunization: Benefit Versus Risk Factors, Brussels, Belgium, 1978.

This paper reviews the theory of benefit-cost analysis and its potential as a tool in choosing programmes of optimum size and maximum economic efficiency and in choosing among worthwhile alternative programmes. Because of the difficulties of quantification of necessary data and the political nature of many policy decisions, the technique of benefit-cost analysis seldom finds application, but cost-effectiveness emerges as a calculus of more practical use and acceptability. Examples are drawn from WHO papers and the medical literature to illustrate the benefits and risks of these techniques. (Modified journal abstract)

II.6 Cultural Aspects

See also: 8024, 8071, 8382.

7827 **Barnabas, G.** *Popcorn and fairies in the management of measles in Ethiopia.* Lancet (London), 20 Feb 1982, 450-451. Engl.

This brief communication describes the Ethiopia ceremony of appeasing the fairies who cause childhood measles by offering them food, particularly popcorn. Since the ceremony is basically harmless and may encourage a sick child to eat, the author suggests that, instead of trying to suppress it, health workers attempt to persuade the patients' mothers to incorporate a ritual for washing the children as well, a practice traditionally prohibited during measles. (DP-E)

7828 **Bousfield, D.** *Thais put their faith in folk medicine.* Nature (London), 282, 1 Nov 1979, 9. Engl.

Traditional health care systems based on herbal preparations still exist in many developing countries today and could provide a focus on the development of local pharmaceutical industries and research. The author discusses some of the drugs currently in use in Thailand and the research being conducted in this area. He cautions against the development and sale of new compounds by the multinational pharmaceutical companies, a situation that may well continue if present plans are implemented. He also notes the work being done by self-trained barefoot "tambol" doctors among the lower income groups and government training schemes that aim to improve this service in areas such as nutrition and family planning. (DP-E)

7829 **Burang, T.** *Cancer therapy of Tibetan healers.* American Journal of Chinese Medicine (Garden City, N.Y.), 7(3), Autumn 1979, 294-296. Engl.

Tibetan medical practitioners believe that there exists an intermediate world ("second body") between pure spirit and gross materiality and that the "digestive fire" of the material body ensures the separation of the harmful part of the invisible essence of food and drink from its useful part before its absorption into the "second body" the deterioration of the "digestive fire" paves the way to cancer. Therapy is highly individualized and involves a great variety of medicines, unlike therapy in Western countries. Further, Tibetan practitioners are not inclined to proclaim the whole of their knowledge to a world that seems to defy in its self-adulation the aims of a "higher order". Despite this, some of the concepts of Tibetan cancer therapy are being adopted by Western practitioners. (DP-E)

7830 **Champagne, D.** *Gavage traditionnel. (Traditional forced feeding).* Développement et Santé (Paris), (27), 1980, 15-16. Fren.

Forced feeding is a traditional practice, still relatively common in many West African countries, which can cause the death of an otherwise healthy baby. Used when infants refuse food either for psychological reasons or because of an organic illness, forced feeding can lead to respiratory complications and asphyxiation. The practice is rooted in tradition as grandmothers pass on their knowledge and habits to the daughters. There is a need for more health education in the hospitals, schools, market-places, and the media in order to explain to young mothers the serious consequences of this practice. (FM)

7831 **Chrubasik, J.** *Medizin in China. (Medicine in China).* Therapie der Gegenwart (Berlin, Germany FR), 120(6), Jun 1981, 582-587. German.

This article describes the centuries-old classical system of medicine in the People's Republic of China, based on 6 Yin and 6 Yan channels distributed in the human body through which blood and vital energy circulate. It mentions briefly the theory of equilibrium between internal and external forces, and treatment by acupuncture, moxibustion and herbal medicine. Acupuncture is generally effective for the following: headache, migraine, facial neuralgia, chronic back pain, and high blood pressure; stomach, intestinal, gallbladder, and kidney problems can also be treated. Despite present-day integration of Western and traditional methods, Chinese patients are still being treated by acupuncture and herbal medicine before Western techniques are applied. Acupressure — the massaging of specific acupuncture points — is practised by primary schoolchildren to relieve headaches and to improve vision and concentration ability. (EB)

7832 **CIBA Foundation, London.** *Health and disease in tribal societies.* Amsterdam, Excerpta Medica, CIBA Foundation Symposium No. 49, Apr 1979. 344p. Engl.
Symposium on Health and Disease in Tribal Societies, London, UK, 28-30 Sep 1976.

This symposium was held to analyze studies of isolated, primitive populations with an eye to protecting them from cultural shock and the diseases often introduced by contact with Western civilizations and to achieving a better understanding of disease mechanisms. Participant papers cover characteristics of tribal peoples, first contact, field methods for health evaluation, the evaluation of disease, diet and nutrition, cultural beliefs, medical practices, and the responsibilities of intervention. There is an index of contributors and a subject index. Some papers contain photographs and statistical data. (RMB)

7833 **Gaviria, M., Stern, G.** *Problems in designing and implementing culturally relevant mental health services for Latinos in the U.S.* Social Science and Medicine (Aberdeen, UK), 14B(1), Feb 1980, 65-71. Engl. 42 refs.

It has been assumed that making mental health services "culturally relevant" would help to alleviate the underutilization of these services by Latinos in the USA. Unfortunately, the constituencies responsible for planning and delivering the services have frequently disagreed on how to achieve this and actual changes in service delivery have been difficult to implement. Governmental funding agencies emphasize geographical location, social scientists point out the need to recognize traditional medicines and healers, and Latino activists stress the provision of bicultural, bilingual staff. A case study of a Mexican/ Chicano community health centre illustrates these problems and suggestions are given for moving toward solutions. (Modified journal abstract)

7834 **Heller, T., Elliott, C.** *Health care and society: readings in health care delivery and development.* East Anglia, University of East Anglia, School of Development Studies, Monographs in Development Studies No. 2, 1977. 283p. Engl. Refs.

This selection of 12 readings from both the developed and underdeveloped world aims at introducing the reader to the relationship between health care delivery systems and the rest of society. The editors have chosen accounts of very different societies in which this relationship has been dramatically, even traumatically, illustrated. The articles have appeared in economic and scientific journals from 1971-1976. Topics covered include: medicine, socialism and totalitarianism; pharmaceutical industry in developing countries; resource allocation; health strategy and development planning; barefoot doctors; and the health behaviour of rural populations. (EB)

7835 **Hetzel, B.S.** *Nutrition of Aborigines in the eco-system of Central Australia.* Proceedings of the Nutrition Society of Australia (Blacktown), 2, Aug 1977, 28-31. Engl.
Second Annual Conference of the Nutrition Society of Australia, Sydney, Australia, Aug 1977.

In recent years, a 3rd ecosystem has evolved in Central Australia; this is referred to as the "outstation" or homelands movement and combines the nomadic and the sedentary styles of life. Abundant water supply and improved agriculture have resulted in better health and nourishment for the Aborigines. Through workshops and discussions, scientists from the Commonwealth Scientific and Industrial Research Organisation and triibal groups are exploring ways to ensure a reasonable quality of life for the Aborigines and examining viable alternatives, allowing the Aborigines to make decisions concerning their own destiny. (EB)

7836 **Le Roux, A.G.** *Psychological factors in the health of South African blacks.* South African Medical Journal (Cape Town), 56(13), 22 Sep 1979, 532-534. Engl. 23 refs.
Symposium on Health Services for Developing Communities, Pietersburg, South Africa, 28 Oct 1976.

Aspects of mental disorders in developing countries, with special reference to South Africa, are considered. The effects of changes precipitated by modern living conditions are expounded and these are related to the nature of, and impediments to, effective treatment strategies. An explosion in the need for treatment is predicted and suggestions are made to handle the phenomenon. (Modified journal abstract)

7837 **Mankazana, E.M.** *Case for the traditional healer in South Africa.* South African Medical Journal (Cape Town), 56(23), 1 Dec 1979, 1003-1007. Engl. 11 refs.

The potential role of the traditional healer in health care systems in developing countries, with special reference to South Africa, is considered. One argument for greater utilization of indigenous healers is the acute shortage of health personnel; another is the health-oriented (as opposed to disease-oriented) philosophy of traditional medicine. The author suggests that an appreciation of the attitudes and traditional beliefs of the people will enhance the effectiveness of any intervention. It is in such areas that traditional healers, many of whom are willing to cooperate with the health services and accept further training, are most valuable. Some statistical data are included. (DP-E)

7838 **Mbaya, von E.R.** *Soziale Auswirkungen der modernen Medizin in Afrika. (Social implications of modern medicine in Africa).* Zentralblatt für Arbeitsmedizin und Arbeitsschutz (Heidelberg, Germany), 29(9), Sep 1979, 230-235. German.

This study examines the social implications and the complexity of modern medicine in Africa. In an effort to combat infectious diseases, malnutrition, and infant mortality, higher priority is being placed on sanitation problems. The author stresses the importance of investigating the social and cultural aspects of health care and of gaining the confidence of the populace in order to successfully improve medical facilities and techniques, teach preventive medicine, train medical personnel, and work together with traditional medicine practitioners. This is a task of interdisciplinary organization requiring, at different levels, the efforts of different specialists. (EB)

7839 **Miyasita, S.** *Historical analysis of Chinese drugs in the treatment of hormonal diseases, goitre and diabetes mellitus.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(1-2), Spring-Summer 1980, 17-25. Engl.

Through an examination of the drugs appearing in prescriptions for hormonal diseases (goitre and diabetes mellitus) which were recorded in standard medical collections in Chinese historical texts, the author looks for the Chinese conception of their empirical cures. (Modified journal abstract)

7840 **Nwude, N., Ebong, O.O.** *Some plants used in the treatment of leprosy in Africa.* Leprosy Review (London), 51(1), 1980, 11-18. Engl. 20 refs.

Thirty-four species of plants reportedly used in the treatment of leprosy in Africa are reviewed. The botanical and vernacular names, localities, and comments on the plants are given. The importance of research into herbal medicine to establish the efficacy and toxicity of the plants used is discussed. (Modified journal abstract)

7841 **Peters, L.G.** *Concepts of mental deficiency among the Tamang of Nepal.* American Journal of Mental Deficiency (Albany, N.Y.), 84(4), 1980, 352-356. Engl. 13 refs.

The Tamang of the Kathmandu Valley (Nepal) have an agrarian society with little demand for literacy and schooling, yet they recognize and label mental retardation. The criteria for labelling are based partially on insufficiency of intelligence and behavioural adaptation but primarily on speech incompetence. There is stigma attached to the label that has a limiting effect on social status and role. While the Western conception of mental deficiency is not primarily contingent upon verbal ability, speech function is a consideration in the evaluation of intelligence, as is the case in other parts of the world. In fact, verbal skill is one useful reference for future cross-cultural research on mental deficiency. (Modified journal abstract)

II.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition and Disease Control Studies

See also: 7703, 7796, 7808, 7952, 8064, 8065, 8158, 8215, 8249, 8315, 8317, 8319, 8320, 8391, 8394.

7842 **Acuña, H.R.** *Salud de los niños: un desafío y una responsabilidad. (Child health: a challenge and a responsibility).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 87(4), Oct 1979, 334-343. Span.
Reunión Especial sobre la Situación del Niño en América Latina, Mexico City, Mexico, 16-19 May 1979.

This paper discusses the most pressing health needs of children in the Third World, identifying some specific priorities and areas for action if these needs are to be met by the year 2000. It also sets forward the rights of the child as declared in a resolution of the United Nations General Assembly in 1959. (HC-L)

7843 **Adams, R.** *Development of maternal and child health services in Israel.* International Nursing Review (Geneva), 27(4), Jul-Aug 1980, 112-113. Engl.

The development of maternal child health services in Israel is briefly traced. Low mortality and morbidity among children are attributed to extensive immunization programmes and, among mothers, to the fact that all births take place in hospital. More attention is now being paid to mental health, family planning, and family health. (DP-E)

7844 **African Medical and Research Foundation, Nairobi.** *Malaria: growing menace.* AFYA (Nairobi), 15, Jan-Mar 1981, 18-19. Engl.
Originally published in *Tropical Doctor*, Jan 1980.

In the battle against malaria, which is still endemic in most African countries, WHO and the governments concerned are devising strategies to reduce mortality, alleviate the socioeconomic effects of the disease, and eventually achieve eradication. Measures will include the administration of antimalaria drugs to sufferers, the protection of high risk groups like children and important groups such as industrial workers, and vector control. Projects that cause physical changes in the environment (reservoirs, canals, etc.) will be required to include measures that protect the public. In the meantime, research into the disease will be stepped up. (DP-E)

7845 **Axton, J.H., Nathoo, K.J., Mbengeranwa, O.L.** *Simultaneous rubella and measles epidemics in an African community.* Central African Journal of Medicine (Salisbury), 25(11), Nov 1979, 242-245. Engl. 8 refs.

Epidemiological data from Salisbury, Rhodesia, collected in 1977-1978, reveal simultaneous outbreaks of measles and rubella. The authors suggest that the epidemics were caused by the migration of large numbers of nonimmune women and children from rural to urban areas following the escalation of war in Zimbabwe. Measles vaccinations were given to children in protected villages and the authors recommend that similar rubella vaccination programmes be instituted for women of child-bearing age involved in such migrations. (FM)

7846 **Baer, E.C., Winikoff, B.** *Breastfeeding: program, policy, and research issues.* New York, Studies in Family Planning, Special Issue, 12(4), Apr 1981. 206p. Engl. Refs.

This collection of essays summarizes recent research findings and/or indicates areas for further study relative to: the contraceptive effect of breast-feeding; the effect of hormonal contraceptives on lactation; contraceptive choices for lactating women; integrating breast-feeding promotion and family planning services; strategies for making hospital policy more conducive to breast-feeding; including mothers in the design of infant feeding research; issues in the design of breast-feeding research; influence of maternal employment on breast-feeding; and breast-feeding promotion as a national responsibility. (HC-L)

7847 **Beaton, G.H., Ghassemi, H.** *Supplementary feeding programs for young children in developing countries.* American Journal of Clinical Nutrition (Bethesda, Md.), 35(4), Apr 1982, Suppl., 864-916. Engl. 93 refs.

While emphasizing that breast-feeding is best for young children, the authors analyze supplementary feeding programmes in developing countries in terms of the effectiveness of delivery systems and distribution centres and the impact of food selection; examine potential and measured programme benefits such as improved growth and reductions in morbidity and mortality; consider side effects, including the impact on infant feeding practices, the use of local foods, and educational impact; and discuss targeting, coverage, and programme costs. Conclusions and recommendations, illustrated by examples from developing country programmes, are presented and summarized in 32 points; copious statistical data are included. (DP-E)

7848 **Bland, J.** *Village pays its share.* World Health (Geneva), Aug-Sep 1980, 18-23. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

It is a courageous step to ask the poor people of developing countries to involve themselves in improving their own water supplies and sanitation facilities and to pay cash for them, but taking that step makes the targets of the Water Decade attainable. Examples from Bangladesh and Thailand, with different geographical conditions and cultural considerations, illustrate this principle. Local manpower, using available technology, can effect a marked improvement in living conditions and the community involvement creates pride of ownership. The international community must recognize that the resources are already there and the greatest contribution it can make will be in such areas as motivation and education. (DP-E)

7849 **Breman, J.G., Arita, I.** *Confirmation and maintenance of smallpox eradication.* New England Journal of Medicine (Boston), 303(22), 27 Nov 1980, 1263-1273. Engl. 48 refs.

WHO has accepted the December 1979 conclusion of an independent scientific commission that certified global eradication of smallpox; there is no evidence that smallpox will recur as an endemic disease. Nevertheless, WHO will promote surveillance of smallpox-like disease and selected laboratory research on certain orthopoxviruses, thus maintaining confidence that smallpox has been eradicated and confirming that there are no animal reservoirs of variola virus. A more complete understanding of the orthopoxviruses, including monkeypox virus, should be obtained. (DP-E)

7850 **Bulletin of the Pan American Health Organization, Washington, D.C.** *Diarrheal disease control in the Caribbean.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 202-204. Engl.

Encouraged and supported by PAHO, representatives of 15 countries and territories assembled in Kingston, Jamaica, in March 1980 for the Caribbean Seminar-Workshop on Diarrheal Disease Control. After an outline of some basic epidemiological facts about diarrheal disease, the group received reports of various relevant studies. The participants then split into working groups to discuss specific matters relating to national disease control programmes. The recommendations of the Workshop are given. (DP-E)

7851 **Bwibo, N.O.** *Preventive paedetrics in developing countries.* HOPE (Kisumu, Kenya), 1(1), Summer 1976, 16-18. Engl.

In this brief examination of pediatric practice in Kenya, the author makes four recommendations aimed at controlling the country's most common preventable conditions. These include: providing adequate antenatal care, including nutrition programmes; administering antimalarial prophylaxis during pregnancy; changing immunization schedules to suit local situations; and understanding and manipulating the customs and taboos of the people. (DP-E)

7852 **Chaudhuri, S.N.** *Alternative approaches to improve child health in India.* Indian Journal of Public Health (Calcutta, India), 23(3), Jul-Sep 1979, 136-138. Engl.

Any child health programme in India should emphasize community participation and primary care. Specific strategies aimed at improving child health include: the introduction of village/slum level health workers, mature women whose main functions are nutritional surveillance and immunization of children aged less than 6 years; nutrition supplementation programmes based on locally available foods; a system of token payments for services and medicines: and the strengthening of self-help groups for women and youth. (DP-E)

7853 **Choudhry, A.W.** *Schistosomiasis control in the Bunyala Irrigation Scheme, a pilot project in the Yala swamp of western Kenya.* East African Medical Journal (Nairobi), 56(2), Feb 1979, 71-75. Engl. 14 refs.

Schistosomiasis is endemic in the Yala swamp area (western Kenya) and the intermediate snail hosts of the disease have a widespread distribution. At an annual cost of US$0.70 per person, the snail hosts have been prevented from colonizing the pilot Bunyala Irrigation Scheme by routine application of Frescon. In the absence of effective snail control, existing and future irrigation schemes in the area will be colonized by *B. pfeifferi*, *B. truncatus* and at least some members of the *B. africanus* group. In order to minimize transmission, it is emphasized that the management should provide adequate housing, treated water supplies, and toilet facilities on the present scheme and similar provisions should be made for such facilities during future settlement in the area. (Modified journal abstract)

7854 **Cutting, W.A., Langmuir, A.D.** *Oral rehydration in diarrhoea: applied pathophysiology.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(1), 1980, 30-35. Engl. Refs.

After examining the physiological causes of dehydration, the authors discuss the formulation of rehydration fluids. A suitable rehydration mixture depends on the physiology of the absorption mechanism, the chemical composition of fluid secreted in the particular type of diarrhea, and practical factors relating to the cost and availability of ingredients. Oral rehydration therapy is judged an appropriate primary health care technique for use in early acute diarrhea. (Modified journal abstract)

7855 **Díaz del Castillo, E.** *IV. Secuelas de alto riesgo perinatal. (IV. Consequences of high-risk perinatal conditions).* Gaceta Médica de México (Mexico City), 115(4), Apr 1979, 171-176. Span. 39 refs.

The consequences of prenatal and perinatal risk factors are examined according to the onset of their appearance (early or delayed), their reversibility or irreversibility, the importance of the organic area affected (neurological or non-neurological), and the severity of functional impairment. Particular attention is focused on the problems of prematurity and low birth weight. (HC-L)

7856 **Donaldson, D., Butrico, F.A., Dávila, G.** *Americas: attainable goals.* World Health (Geneva), Aug-Sep 1980, 25-27. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The prospects for the Water Decade are examined from a Latin American perspective. The progress of the last 20 years is presented statistically and the cost of achieving the goals of the 1980s is estimated. A 1977-1978 WHO/PAHO study to determine the preparedness to proceed with an accelerated development of the water and sanitation sector is cited. It is clear that extensive training of manpower, a high level of community involvement, and a plan linking efforts toward improvements with the primary health care system are needed. Fortunately, governments in the Americas are becoming increasingly aware that providing water and sanitation services is the single most important and cost-effective activity that can be undertaken to improve health and raise productivity. (DP-E)

7857 **Dowlati, Y.** *Cutaneous leishmaniasis.* International Journal of Dermatology (Philadelphia, Pa.), 18(5), Sep 1979, 362-368. Engl. 63 refs.

This review summarizes the current knowledge of cutaneous leishmaniasis, a disease affecting millions of people throughout the world. There are still difficulties in diagnosing several of its clinical forms and the treatment remains unsatisfactory. In addition, there are many unanswered questions concerning the immunology of this disease and more research is mandatory if the different strains of the parasite and their life cycles, insect vectors, natural reservoirs, and some unknown endemic areas are to be explained. (Modified journal abstract)

7858 **Durand, B., Payet, M., Thibault, F.** *Santé pour tous. (Health for all).* Actuel Développement (Paris), 39, Nov-Dec 1980, 81-95. Fren.

This collection of short articles includes an overview of the status of the great endemic diseases in Africa, an interview with the then chief of the French ministry for (international) cooperation; a discussion of the work of the Pasteur Institutes in francophone Africa; a review of the vehicles for the dissemination and exchange of information on African research findings; and three accounts of health professionals delivering primary care in the rural areas. (HC-L)

7859 **Dussault, M.** *Enfance tunisienne. (Childhood in Tunisia).* Union Médicale du Canada (Montreal), (109), Feb 1980, 173-177. Fren.

This paper describes the socioeconomic, cultural, and environmental factors affecting maternal and child health in Tunisia; points out a number of general and specific areas for action aimed at improving the situation; and describes a Canadian aid programme involving the extension of maternal and child health services into the Menzel Bourguiba region, 60 km west of Tunis. (HC-L)

7860 **Dutt, A.K., Akhtar, R., Dutta, H.M.** *Malaria in India with particular reference to two west-central states.* Social Science and Medicine (Aberdeen, UK), 14D(2), Jun 1980, 317-330. Engl. 28 refs.

Malaria has long plagued India, particularly in areas with heavy rainfall. Control activities begun in 1948 were effective, but since 1965 there has been a resurgence of the disease in several areas, including the states of Gujarat and Madhya Pradesh. Monsoon rains, higher humidity, vegetation, tribal habitats, and rice cultivation have been found to have a definite association with the disease in three states. The authors feel that present techniques (which they describe) will control the disease into the mid-1980s but that eradication is impossible until an effective vaccine is discovered. Statistical data are included. (Modified journal abstract)

7861 **Ellis, C.** *Use of antibiotics.* AFYA (Nairobi), 14, Jul-Aug 1980, 118-120, 122-124. Engl.

The major consequences of the excessive use of antibiotics by African physicians are the increasing prevalence of antibiotic-resistant strains, wasted money, and avoidable introgenic disease. Recommendations are made for treating meningitis, osteomyelitis, urinary tract infections, shigella dysentery, and post-operative infections without the abuse of antibiotics, which are still considered necessary, however, in cases of rhinorrhoea and otorrhoea, some types of surgery, and established abdominal sepsis. The use of the therapeutic trial is encouraged. (DP-E)

7862 **Epidemiological Bulletin, Washington, D.C.** *Epidemiology of leprosy in Rio Grande do Sul, Brazil, 1975-1980.* Epidemiological Bulletin (Washington, D.C.), 2(6), 1981, 9-12. Engl.

The epidemiology of leprosy in Rio Grande do Sul, Brazil, from 1975-1980 is discussed in this communication from the Rio Grande do Sul ministry of health and the environment. Comments and recommendations are presented in the form of an editorial aside; these include a control policy based on the following strategies: use of the general health services for detection and treatment and of simple techniques for preventing disabilities; allocation of the necessary resources depending on the severity of the problem; appropriate training of personnel; etc. Statistical data are included. (DP-E)

7863 **Fagbami, A.H.** *Viral haemorrhagic fevers of Africa.* East African Medical Journal (Nairobi), 57(10), Oct 1980, 678-686. Engl. 46 refs.

Viral haemorrhagic fevers in the African continent are reviewed. The aetiological agents of these fevers belong to two broad groups: arthropod borne and non-arthropod borne viruses. Among the viral aetiological agents of arthropod borne haemorrhagic fevers are yellow fever, Rift Valley fever, and Congo and dengue viruses. The non-arthropod borne viral haemorragic fevers include Lassa, Marburg, and Ebola. Although only mild or sporadic cases of some of these diseases have been reported, yellow, Lassa, Rift Valley, and Ebola fevers have caused severe epidemics in several African countries. (Modified journal abstract)

7864 **Falkner, F.** WHO, Geneva. ***Prevention in childhood of health problems in adult life.*** Geneva, WHO, 1980. 135p. Engl. Refs.

This collection of papers discusses the long-term effects of childhood health problems and what can be done to prevent or alleviate their impact on adult life. Topics covered include perinatal disease and injuries, malnutrition (particularly protein-calorie malnutrition), overnutrition and obesity, habits and disease resulting in cardiovascular disease, infections affecting the fetus, infectious diseases of childhood, oral health, and mental health. Each chapter is followed by an extensive bibliography. (HC-L)

7865 **Ferry, B., Singh, S.** *Breast-feeding: a vital factor in birth intervals.* People (London), 7(4), 1980, 19-20. Engl.

Breast-feeding has been found to lengthen postpartum infertility by an average of 0.4 months and to account for 8%-25% of the birth interval, about 5-10 months in time. Breast-feeding patterns and rates in different areas of the world are briefly examined and are generally found to be declining. The authors suggest that, unless there is a corresponding increase in the use of contraceptives, decreasing breast-feeding will eventually lead to higher fertility. (DP-E)

7866 **Gautrin, N., Trévise, P.** *Croissance normale de l'enfant. (Normal growth rate for children).* Développement et Santé (Paris), (28), 1980, 10-13. Fren.

Regular surveillance of a child's physical development, as measured by height, weight, and skull dimensions, provides a simple and economical means of diagnosing malnutrition in its early stages. Ideally, infants should be examined every month for the 1st year, every 2-3 months the 2nd year, every 6 months from 2-6 years of age, and once a year after the age of 6. Average height, weight, and circumference measurements are established for each age group as standards to which a child's individual growth chart can be compared. Any anomaly in the chart should be followed up by more frequent examinations or referral to a nutrition rehabilitation centre. (FM)

7867 **George, S.** *Cas Nestlé: histoire d'un procès. (Case of Nestlé: the story of a trial).* Développement et Santé (Paris), (26), 1980, 26-28. Fren.

A recent court case involving a multinational corporation has drawn attention to the moral and economic issues surrounding the promotion of powdered milk for infants and bottle-feeding in developing countries. As a result of agressive advertising campaigns, more and more nursing mothers are being encouraged to abandon breast-feeding in favour of the bottle. In many cases, improper use of powdered milk formulas and poorly sterilized bottles have caused malnutrition, gastroenteritis, and diarrhea. Although the charge that the sale and distribution of powdered milk contributed directly to infant mortality was dismissed, the firm was advised to revise its publicity methods to avoid further accusations of immoral and unethical conduct. (FM)

7868 **Gibson, D.** *Blue Nile Project.* World Health (Geneva), Aug-Sep 1980, 10-13. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The government of the Sudan initiated the Blue Nile Health Project in an attempt to control all the water-associated diseases afflicting the 2.2 million around a vast farm in the Gezira area of the Sudan. The area has a very high prevalence of schistosomiasis, malaria, and diarrhea and the Project employs every control method available: environmental management, biological control of snails and mosquitos, improvement of agricultural and domestic water supply, excreta disposal and sanitation, improvement of health services, increased drug treatment, health education, community participation, and careful use of chemicals. The results of the Project will give an indication of the feasibility of such a control programme in tropical agricultural schemes. (DP-E)

7869 **Grosshans, E.M., Pradinaud, R.** *Dermatologie in Französisch-Guayana. (Dermatology in French Guyana).* Hautarzt (Berlin), 30(8), Aug 1979, 443-445. German.

In French Guyana, the development of numerous fungal, parasitic, and microbial skin diseases is enchanced by climatic and geographic conditions. The country, whose population of only 50 000 is settled mostly in and around the coastal cities of Cayenne and Kourou, has a relatively good sanitary infrastructure and is collaborating with France in the study of skin diseases. The authors describe the most common infectious diseases, namely lobomycosis, chromomycosis, creeping disease, cutaneous leishmaniasis, tungiasis, mycobacterial ulcer, and papular dermatitis, and, outlining effective treatment for these, state that their occurrence is demonstrative of the pathological ecology of the Amazon Region. (EB)

7870 **Grzesiak, T.** *Fièvre jaune. (Yellow fever).* Développement et Santé (Paris), (28), 1980, 14-17. Fren.

Yellow fever is caused by an arborvirus that exists independently of humankind in monkeys; it is transmitted from animal to human being by the mosquito vectors *Aedes africanus* and *Aedes simpsoni*. This paper describes the epidemiology of the disease in Africa and South America and its clinical features, diagnosis, treatment, and prevention. An effective vaccine against yellow fever exists, but it is not given to children aged less than 10 years for fear of the convulsions and encephalitis it causes in one person out of 1 000. (HC-L)

7871 **Grzesiak, T.** *Filariose lymphatique en Afrique. (Lymphatic filariasis in Africa).* Développement et Santé (Paris), (21), 1979, 24-27. Fren.

Lymphatic filariasis (the most well-known manifestation of which is elephantiasis) is caused by the parasite

Wuchereria bancrofti via the mosquito vector *Culex fatigans* and the anopheles. This paper indicates the geographic distribution of the disease in Africa and throughout the world and describes the transmission, clinical features, diagnosis, treatment, and prevention. Line drawings of the parasite, the vector, and the areas of the body that are chiefly affected are included. (HC-L)

7872 **Hartmann, P.E.** *"Feed'em and weight'em" — an unsubstantiated basis for infant nutrition.* Proceedings of the Nutrition Society of Australia (Blacktown), 2, Aug 1977, 61-67. Engl. Refs.
Second Annual Conference of the Nutrition Society of Australia, Sydney, Australia, Aug 1977.

The difficulty of defining or estimating optimum nutrition of infants and children, as opposed to livestock, is stressed in this review. By following prescribed dietary requirements or advisable intakes, involving balance and variety, one may promote overnutrition and overweight. It should not be forgotten that deprivation of oxygen or water would lead to death within a few minutes or days, respectively, but survival without food for several weeks is possible. Feeding on demand might be an effective foundation for diet from infancy to old age. (Journal abstract)

7873 **Hsü, H.F., Li Hsü, S.Y., Eveland, L.K.** *Schistosomiasis vaccination; historical development, present status and future prospects.* Chinese Medical Journal (Peking), 93(5), May 1980, 297-312. Engl 111 refs.
Speech given at the Chinese Academy of Medical Sciences, Beijing, China PR, 14 Jan 1979.

Schistosomiasis, a disease affecting approximately 200 million people, has been studied for over 50 years in an unsuccessful effort to develop an effective vaccine. This article reviews the historical development of the search for a vaccine, its present status and future prospects, and possible sources for future research. The consensus is that vaccination can be effective if used in conjunction to other control measures. Some recent developments in testing are encouraging and the authors feel that future prospects are bright. (DP-E)

7874 **Hyma, B., Ramesh, A.** *Reappearance of malaria in Sathanaur Reservoir and environs: Tamil Nadu, India.* Social Science and Medicine (Aberdeen, UK), 14D(3), Sep 1980, 337-344. Engl. 22 refs.

The environmental impact of a water resource development project in the state of Tamil Nadu, India, is investigated with reference to the renewal of malaria transmission. The current malaria problem is presented statistically and the many factors favouring the increase of rural malaria in the area are discussed. The authors feel that a complete understanding of the dynamics of malaria transmission coupled with planning for proper land and water management are necessary for the control of the disease. (DP-E)

7875 **Hytten, F.E.** *Nutrition in pregnancy.* Postgraduate Medical Journal (London), 55(643), May 1979, 295-302. Engl.

Epidemiological evidence shows that women living in affluent circumstances have bigger babies with lower mortality than underprivileged women. How much of that effect is due to nutrition alone is not known, but supplementary feeding in pregnancy of chronically malnourished women does appear to increase mean birth weight, while famine conditions in a basically well-nourished community reduce the birth weight; in both cases, the birth weight difference is relatively small and could be accounted for by any of a number of factors. It is concluded that in communities where most mothers are deprived, undergrown, and generally unhealthy, extra feeding in pregnancy may help to support the infant's undoubted capacity to survive by parasitism, but the basic defect of prolonged underfeeding of the mother must be tackled at a social level rather than at a clinical level. (Modified journal abstract)

7876 **India. Ministry of Education and Social Welfare, Department of Social Welfare.** *National plan of action for International Year of the Child 1979.* Indian Journal of Public Health (Calcutta, India), 23(3), Jul-Sep 1979, 115-117. Engl.

After reviewing the UN's objectives with regard to the Year of the Child (1979), the author discusses ways in which these objectives can be applied in India. The strategy for the Indian Year of the Child will be aimed at under-fives and at pregnant and lactating mothers, will give special attention to deprived (i.e., rural, poor, lower class, etc.) children, will attempt to reduce maternal and infant mortality by 5%, and will include measures in the areas of health and nutrition, education, social welfare, legislation, publicity, and fund raising. (DP-E)

7877 **International Baby Food Action Network, London.** *Infant formula promotion 1980.* London, International Baby Food Action Network, Jan 1981. 24p. Engl.

Throughout the year 1980, the infant food industry persistently disregarded international recommendations designed to curb the aggressive promotion of powdered milk products for babies. Television, radio, newspaper and magazine advertizing, free samples, glossy booklets and leaflets and many other techniques were used and, in the process, infant health was jeopardized in 682 recorded violations. This report by the International Baby Food Action Network exposes the unjustified practices of 30 infant food manufacturers in 50 countries. (Modified journal abstract)

7878 **Jabre, B.** *Potentials and pitfalls of nutrition education.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 67-72. Engl.
For complete document see entry 7983.

After briefly surveying the nutrition problems of both urban areas and rural villages of the South Pacific, the author examines cultural influences that inhibit nutrition education. Some of the South Pacific Commission's nutrition education activities include a comprehensive nutrition training programme for school teachers and agricultural and health personnel, an 11-month course for village health workers, and a mobile, follow-up course. The need for a national nutrition policy is stressed. (DP-E)

7879 **Jelliffe, D.B., Jelliffe, E.F.** *Breast feeding: a necessity for child health in the tropics*. Tropical Doctor (London), 10(3), Jul 1980, 120-121. Engl.

Until recently, the current world decline in breast-feeding has been a strange and silently unappreciated phenomenon. Research indicates that breast-feeding is the key prophylactic against marasmus, infantile obesity, infective diarrhea, and acute necrotizing enterocolitis, as well as the most valuable initiation into optimal physical growth and emotional development. Bottle feeding, besides being expensive, leads to frequent, closely-spaced, hazardous pregnancies. Attention needs to be given to the disappearance of human milk and programmes must be devised to deal with this major nutritional retreat. (DP-E)

7880 **Jelliffe, E.F.** *Breast feeding programmes in Asia*. Journal of Tropical Pediatrics (Kampala), 26(5), Oct 1980, ii-iii. Engl.
Editorial.

This article briefly summarizes papers presented by 10 countries in Asia and the Western Pacific at a US AID-assisted Workshop on Breast Feeding and Supplementary Foods at Bangkok, Thailand, in November 1979. The decline in the prevalence of breast-feeding, and the reasons for this decline, as well as recommendations in the areas of education, nutrition, and legislation, are discussed. All participants stressed the need to improve the pattern of breast-feeding in their countries. There appears to be agreement on general methods, although programmes at this stage are at different levels of implementation. (DP-E)

7881 **Jourdain, R.** *Point sur les vaccinations. (Focus on vaccination)*. Développement et Santé (Paris), (29), 1980, 1-5. Fren.

WHO's expanded vaccination programme, which aims to have all children and pregnant women protected against diphtheria, tetanus, whooping cough, poliomyelitis, measles, and tuberculosis by 1990, has lately focused attention on the cold chain and on ways of reducing the number of injections required for full vaccination coverage. This paper describes some recent developments in the area of heat-stable vaccines, combined or simultaneous administration of more than one vaccine, and the use of concentrated vaccines. It also includes advice on using, storing, and transporting vaccines. (HC-L)

7882 **Kanani, S.** *Kenya's maternal, child health/family planning programme*. East African Medical Journal (Nairobi), 57(2), Feb 1980, 80-85. Engl.

Kenya's maternal child health and family planning programme relies on four basic strategies aimed at pregnant and fertile women, infants, toddlers, and schoolchildren. These strategies integrate promotive, preventive, and curative health activities and are interrelated in their day-to-day operation. Problems of programme management are examined, and after an evaluation of the programme, it was considered desirable to reorient frontline health workers towards preventive rather than curative medicine and to emphasize community participation. (DP-E)

7883 **Kanyerezi, B.R., Kiire, C.F., Obace, A.** *Multiple sclerosis in Mulago Hospital, Uganda*. East African Medical Journal (Nairobi), 57(4), Apr 1980, 262-266. Engl.

Ten patients, 4 male and 6 female Ugandans, who have been diagnosed clinically as suffering from multiple sclerosis (MS), are presented. These patients were seen over a 10-year period, 5 of them over the last year. It is pointed out that the disease may not be as rare as the literature indicates. A higher index of suspicion and more clinical vigilance might reveal more cases. The clinical pattern of MS in Uganda seems to be similar to the disease as seen elsewhere. Statistical data are included. (Modified journal abstract)

7884 **Kasili, E.G.** *Anaemia in a patient population at a provincial hospital in western Kenya*. East African Medical Journal (Nairobi), 57(6), Jun 1980, 373-381. Engl. 9 refs.

In this 1-month study of 46 cases of anaemia at a provincial Kenyan hospital, simple laboratory methods were used in establishing the diagnosis and its underlying causes. The pattern of anaemia and its management in such a setting is discussed and suggestions for the approach to diagnosis and management are made. Statistical data are included. (Modified journal abstract)

7885 **Kasili, E.G., Wamola, I.A., Pamba H.O., Shiramba, T.L., Broekman, J.M.** *Various pathological manifestations of leprosy; a multidisciplinary study*. East African Medical Journal (Nairobi), 56(2), Feb 1979, 57-70. Engl. 11 refs.

This multidisciplinary study of 25 cases of lepromatous leprosy from the Alupe Leprosy Hospital, Busia district, Kenya, was conducted to find out if there was any specific pathophysiological pattern that would be useful in the disease follow-up. The study methodology is described and the results are discussed and presented as statistical data. (DP-E)

7886 **Kellina, O.J.** *Problem and current lines in investigations on the epidemiology of leishmaniasis and its control in the U.S.S.R.* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 74(3), 1981, 306-318. Engl. 57 refs.

The present epidemiological situation of the three nosoforms of leishmaniasis (i.e., anthropometric cutaneous leishmaniasis, zoonotic cutaneous leishmaniasis, and visceral leishmaniasis) in the USSR is examined. The current lines of investigation into their epidemiology are presented, with special reference to the control methods used and the results obtained. Some statistical data are included. (Modified journal abstract)

7887 **Keusch, G.T.** *Homing in on interventions in the malnutrition-infection complex.* American Journal of Clinical Nutrition (Bethesda, Md.), 33(4), Apr 1980, 727-729. Engl.
Workshop in Health Status, Health Services, and Population Dynamics, New York, N.Y., 8-9 Mar 1979.

After analyzing the complex relationship between malnutrition and infection, the author recommends a strategy aimed at improving the health and nutritional status of developing country children by means of educating their mothers. This strategy involves the integration of home-based education/service modules into a deliverable package in which treatment normally provided by a health centre is carried out in the home. The author examines present obstacles to implementing this strategy but maintains that four of its elements could still be easily put into practice; these are programmes for antenatal care, breast-feeding and weaning foods, oral rehydration for diarrhea, and immunization. (DP-E)

7888 **Koopman, J.F.** *Appropriate science to control infectious diseases in less developed countries.* Approtech (Ann Arbor, Mich.), 3(1), Jun 1980, 15-17. Engl.

Much of the disease-oriented research carried out in developed countries is at the molecular and cellular levels and does not address itself to the problems of developed countries in particular, the problem of disease transmission patterns. More appropriate would be a surveillance strategy in which trained villagers would determine infection rate differences for a disease by person, time, and place and attempt to identify controllable causes that account for the differences. Such a strategy would depend on manpower and organization rather than on sophisticated diagnostic procedures. Microbiological research (which to be effective should be done in the country concerned), could then be effectively used to reach a clearer understanding of the disease agent(s). (DP-E)

7889 **Latapí, F., Saúl, A., Rodríguez, O., Malacara, M., Browne, S.G.** *Leprosy.* Amsterdam, Excerpta Medica, International Congress Series No. 466, 1980. 403p. Engl.
Eleventh International Leprosy Congress, Mexico City, Mexico, 13-18 Nov 1978.
Chapters abstracted separately under entries 7953 and 8135.

This publication reports on the proceedings of the 11th International Leprosy Congress, held in Mexico City from 13-18 November 1978. Papers presented by the participants cover the epidemiology and control of leprosy, experimental leprosy, clinical aspects, microbiology, immunology, social aspects, experimental chemotherapy, clinico-pathological aspects, clinico-pathological aspects (nerve damage), therapy, rehabilitation, and workshop summaries. There is an index of the authors. (AF)

7890 **Leclaire, M., Blanc, B., Serment, H.** *Médicaments et grossesse. (Medication and pregnancy).* Médecine d'Afrique Noire (Paris), 27(10), Oct 1980, 777-781. Fren.

This paper discusses the characteristics of the pregnant woman, the placenta, and the fetus that render unpredictable the effects of a given drug; it then reviews the drugs known to have a harmful effect on the fetus and the much shorter list of those considered to be of use during pregnancy. (HC-L)

7891 **Maechel, H.** *Ankylostome. (Hookworm).* Développement et Santé (Paris), (24), 1979, 2-5. Fren.

Ankylostomiasis is caused by a parasite that lives in the duodenum and feeds on the blood of its human host; severe infestation causes anaemia in the host. In a simple manner, with the aid of line drawings, this paper describes the life cycle of the hookworm and the diagnosis, treatment, and prevention of the disease. (HC-L)

7892 **Maletnlema, T.N.** *Importance de la nutrition pour le développement socio-économique. (Importance of nutrition for socioeconomic development).* In WHO, Cahiers Techniques AFRO, Brazzaville, WHO, No. 12, 1978, p.77-107. Fren. Refs.

The author first describes the relationship between nutrition and socioeconomic development, outlining the current situation in Africa. He then illustrates the fallacy of the concepts behind past attempts to eliminate malnutrition and evaluates the impact of various food and economic aid programmes. A new approach to the problem of malnutrition that emphasizes rural development, community participation, team work, and a return to traditional values is suggested. He then describes how these new principles would affect health care services, health education, the development of health policy, and planning. (FM)

7893 **Miller, D.L.** *Coughs and wheezes in developing countries: the Middle East and Oceania.* Bulletin of the International Union against Tuberculosis (Paris), 55(1/2), Mar-Jun 1980, 33-38. Engl.

In 1976, when WHO initiated a study of the problems of acute respiratory infection (ARI), the author and a colleague visited Middle Eastern and Western Pacific countries on fact-finding missions. He concludes that the problems posed by ARI are special and complex. Accurate information on morbidity and mortality is required, the different agents that cause ARI are difficult to isolate, and present methods of prevention and treatment have not been properly evaluated. He recommends the development of simple methods for systematic, continuing surveillance of ARI in each country and the construction of simple guides to the early recognition and treatment of ARI that can be used by health workers with minimum training and unsophisticated laboratory equipment. Finally, he mentions the efforts taken by WHO in this direction. Statistical data are included. (DP-E)

7894 **Monckeberg Barros, F.** *Lucha contra la desnutrición del niño en Chile, 1952-1977. (Campaign against child malnutrition in Chile, 1952-1977).* Revista Médica de Chile (Santiago), 105(10), Oct 1977, 687-695. Span. 18 refs.

From 1952-1974, the amount of milk distributed to Chilean children increased from 1.4 million kg-75 million kg. This paper describes the evolution, expansion, and refinement of the programme that, since 1974, has included the following components: distribution of high-quality milk formula to infants aged 0-2 years; distribution of high-protein, vitamin-, and mineral-enriched foods to children aged 2-6 years; implementation of a school feeding programme; establishment of centres for nutrition rehabilitation; establishment of centres for integrated health care and education of extremely disadvantaged children; and promotion of breast-feeding. (HC-L)

7895 **Mongin, C.** *Épidémiologie du paludisme en Afrique. (Malaria epidemiology in Africa).* Développement et Santé (Paris), (26), 1980, 3-10. Fren.

With particular reference to Africa, this paper discusses the following aspects of the epidemiology of malaria: the life cycle of the parasite and the peculiar characteristics of its four species; the ecology of the vector and its role in the transmission of the disease; acquired immunity in the human host; and ways of determining and classifying the level of endemicity in an area. Several line drawings and schematic illustrations are included. (HC-L)

7896 **Mongin, C.** *Traitement du paludisme. (Malaria treatment).* Développement et Santé (Paris), (26), 1980, 6-9. Fren.

This paper describes the advantages, disadvantages, and side effects of the various groups of drugs used in the treatment of malaria (quinine, amino-4-quinines, and schizontocide combinations) and presents some simple and proven therapeutic regimes. (HC-L)

7897 **Mongin, C.** *Parasites. (Parasites).* Développement et Santé (Paris), (21), 1979, 2-6. Fren.

In a simple manner, this paper explains the nature and kinds of parasitism and defines such concepts as definitive host, intermediate host, vector, etc. Line drawings are used to illustrate examples of the various types of life cycle that a parasite may have: short direct (amoeba), long direct (ascariasis), indirect with passive intermediate host (filariasis), and indirect with active intermediate host (malaria). (HC-L)

7898 **Mosley, W.H., Khan, M.** *Cholera epidemiology — some environmental aspects.* Progress in Water Technology (Oxford, UK), 11(2), 1979, 309-316. Engl. 10 refs.

Cholera has a distinctive epidemiological pattern. Epidemics, even in endemic areas, are sharply localized in time and place. The place specificity points to the essential requirement for water to facilitate disease transmission. The age, sex, and occupational risks of disease are primarily related to exposure to contaminated water. This exposure may, however, involve small doses of *V. cholerae* ingested in water while rinsing the mouth, utensils, fresh vegetables, or with fish, especially shellfish. The epidemiological pattern of cholera contrasts so greatly with that of other diarrheal diseases that it appears inappropriate to make any general classification of the spread or control of these diseases without aetiology-specific study. Statistical data are included. (Modified journal abstract)

7899 **Moussa, M.A.** *On a vaccination model for non-fatal rare infectious diseases; with emphasis on rubella in Kuwait.* Methods of Information in Medicine (Stuttgart, Germany FR), 18(3), 1979, 171-174. Engl. 15 refs.

An immunization model for non-fatal rare contagious disease in non-fixed size communities (developing countries) is proposed. It reveals the demographic and epidemiological data needed in a country to decide upon the best strategy of vaccination. The approach is illustrated with reference to rubella in Kuwait. Comparisons between rubella vaccination strategies of the USA, UK, and a recently suggested one for Kuwait are carried out. (Modified journal abstract)

7900 **Mukerji, A.B.** *Disease ecology of a small* cul de sac*: Chandigarh Dun.* Social Science and Medicine (Aberdeen, UK), 14D(3), Sep 1980, 331-336. Engl.

The disease ecology of Chandigarh Dun, an isolated region of northern India, is examined. A diversity of diseases, including typhoid fever, hookworm, goitre, and especially malaria, can be associated with the geomorphological setting, soils and vegetables, climatic conditions, hydrology, settlement patterns, and social behaviour in this physiographic *cul de sac*. Since so many of the problems are associated with infective and parasitic diseases, health conditions in the area could be greatly improved through the application of modern public health and medical treatment measures. (DP-E)

7901 **Mukerji, B.** *Trachoma: a problem of primary health care.* AFYA (Nairobi), 14, Sep-Oct 1980, 130-136. Engl.

This article discusses trachoma, the most important single cause of preventable blindness. Topics covered include: definition; history; epidemiology and geographical distribution; clinical evaluation of the four phases of the disease; diagnosis in the clinic, laboratory, and in the field by health workers and patients; the magnitude of the problem and its public health significance; management of the disease in its early stages; and control measures. The author asserts that trachoma is controllable and that with the effort and action of everyone involved in the health care of vulnerable communities, it can become a benign, mild, sporadic infection. (DP-E)

7902 **Ndiaye, M.** *Carences alimentaires en Afrique. (Nutritional deficiencies in Africa).* Développement et Santé (Paris), (20), 1979, 18-21. Fren.

The author discusses the most serious forms of childhood malnutrition in Africa, kwashiorkor and marasmus.

They are caused by poor infant feeding and weaning habits, infections, and, particularly, general ignorance and observance of traditional taboos. Malnutrition affects both the physical and mental growth of children and is a leading cause of infant mortality in many countries. Its prevention lies in educating mothers to make them aware of the nutritional needs of their children at various ages and of the foods that supply these requirements. (FM)

7903 **Onori, E.** *Experience gained during review of antimalaria programmes.* Tropical Doctor (London), 10(4), Oct 1980, 195-199. Engl. Refs.

The Global Malaria Eradication Programme launched in 1955 by the World Health Assembly achieved spectacular results; nevertheless, technical, administrative, and financial problems made it impossible to reach the desired goal in a short period of time. In 1969, the programme was severely cut and malaria regained ground in many areas. This article discusses the lessons gained from past antimalaria programmes, particularly in regard to planning, epidemiological situation, and operational standards, to which are related the major factors responsible for the unsatisfactory implementation of the programmes. The current Malaria Action Programme (established by WHO) is briefly discussed. (DP-E)

7904 **Pérez Lovelle, R.** *Encuestas nacionales de morbilidad. (National morbidity surveys).* Revista Cubana de Administración de Salud (Havana), 6(4), Oct-Dec 1980, 335-342. Span. 21 refs.

National morbidity surveys are expensive to carry out, since they involve the mobilization of extensive scientific, technical, and organizational resources; they may, however, provide invaluable information for health planning. This paper examines these issues with reference to various national morbidity surveys (especially Colombia's) and considers the advantages of conducting such a survey in Cuba. (HC-L)

7905 **Picq, J.J., Roux, J.** *Epidémiologie des bilharzioses. (Schistosomiasis epidemiology).* Médecine Tropicale (Marseilles, France), 40(1), Jan-Feb 1980, 9-21. Fren. 47 refs.

Schistosomiasis, which affects some 300 million people throughout the world, is 2nd only to malaria in prevalence. This paper summarizes what is known about the cycle of the schistosomes and the epidemiology of infection, the importance of schistosomiasis as a public health problem, and ways of evaluating the prevalence of the disease in a given population. (HC-L)

7906 **Popkiss, M.E.** *Typhoid fever; a report on a point-source outbreak of 69 cases in Cape Town.* South African Medical Journal (Cape Town), 57(9), 1 Mar 1980, 325-329. Engl. 14 refs.

In 1978, after a party in a Capetown suburb attended by several hundred people, 69 persons were treated for typhoid fever. The source of the infection was probably the food eaten at the party. All 57 cultures of *Salmonella typhi* phagetyped were of phage type 46, including that obtained from the stool of the main caterer, who was asymptomatic. An epidemiological profile of the cases and an account of the management of the outbreak is given. There were no deaths and no patient became a carrier. Although the outbreak was contained, certain related problems are discussed, including in particular the potential hazard of food-borne disease wherever housing and environmental standards are low. (Modified journal abstract)

7907 **Prost, A., Hervouet, J.P., Thylefors, B.** *Niveaux d'endémicité dans l'onchocércose. (Levels of endemicity in onchocerciasis).* Bulletin de l'Organisation Mondiale de la Santé (Geneva), 57(4), 1979, 655-662. Fren.

Based on data from 300 villages in the West African savanna, this paper describes and justifies a new classification of onchocerciasis endemicity. An infection level of 60% and a blindness rate of 4%-5% constitutes a hyperendemic or intolerable situation; an infection level of less than 35% and a blindness rate of less than 1% constitutes a hypoendemic or tolerable situation. Between these two thresholds lies the mesoendemic level of endemicity, in which the severity of the disease may vary widely according to differences in exposure to risk. (HC-L)

7908 **Rahman, K.M., Islam, N.** *Recent advances in kala-azar.* Bangladesh Medical Journal (Dacca), 8(1), 1979, 13-19. Engl. 18 refs.

This brief study of leishmaniasis reviews the parasite, the animal reservoir, the clinicopathology of the disease, methods of laboratory diagnosis, and the issues of immunization and immunity. (DP-E)

7909 **Ramalingaswami, V.** *Methods, equipment and techniques for rural health care and their evaluation.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 83-88. Engl. Refs.

After examining some common Third World health problems (goitre, nutritional anaemia, diarrhea, and malnutrition) for which suitable treatment and technology already exist, even if they are not universally applied, the author outlines some of the characteristics that such treatment or technology must have in order to make it acceptable to rural populations in India and other developing countries. First, it must fill the needs perceived by the people (in addition to the needs perceived by the health care system). It must also be compatible with the knowledge and skill levels of the community. Third, benefits must be visible to the community through appropriate assessment and feedback procedures so as to secure greater and greater involvement. (DP-E)

7910 **Reinert, P.** *Bilan des vaccinations contre la rougeole et la poliomyélite. (Summary of vaccinations against measles and poliomyelitis).* Développement et Santé (Paris), (38), Apr 1982, 19-21. Fren.

This short summary looks at the effectiveness, duration, and side efects of available vaccinations against measles and poliomyelitis, two childhood diseases which have increased in prevalence during 1982. The world situation of poliomyelitis is divided into three groups and illustrated by a map. (EB)

7911 **Reinert, P.** *Coqueluche. (Whooping cough).* Développement et Santé (Paris), (24), 1979, 17-20. Fren.

Whooping cough is an extremely contagious disease that occurs in epidemics throughout the world; it is life-threatening to young children, especially infants aged less than 6 months. This paper describes the cause, transmission, symptoms, complications, management, and prevention of whooping cough. As the whooping cough vaccine is ineffective in infants aged less than 2 months, these can only be protected indirectly by vaccinating all older children and reducing the prevalence of the disease. (HC-L)

7912 **Renaud, R.** *Paludisme et grossesse. (Malaria and pregnancy).* Médecine d'Afrique Noire (Paris), 27(10), Oct 1980, 791-794. Fren.

This paper discusses the particular vulnerability of pregnant women to parasitic anaemia and the more serious forms of malaria; the repercussions of the disease on the fetus and the newborn; and the effects of chemotherapy on the fetus and the circumstances under which it is indicated. (HC-L)

7913 **Rey, M.** *Tétanos en Afrique. (Tetanus in Africa).* Développement et Santé (Paris), (23), 1979, 17-23. Fren.

Tetanus afflicts 2 million people per year throughout the world, half of them fatally. Over 99% of all cases occur in the developing countries. With conditions in Africa in mind, this paper describes in a simple but thorough manner the cause, etiology, management, and prevention of tetanus (including neonatal tetanus). Also, attention is paid to various risk factors and common points of entry of *Clostridium tetani*. (HC-L)

7914 **Rouillon, A.** International Union against Tuberculosis, Paris. *Bulletin of the International Union against Tuberculosis.* Paris, International Union against Tuberculosis, Secretariat. Engl. Also published in French and Spanish.

This quarterly bulletin is intended to disseminate knowledge about tuberculosis, respiratory diseases, and community health and promote the continuing education of physicians and other health workers. It is published in English, French, and Spanish and distributed free to developing countries. In addition to articles and reports on the above-mentioned topics, a typical issue also contains an editorial, news from WHO and IUAT, and notices of meetings. (DP-E)

7915 **Salaun, J.J., Germain, M., Robert, V., Robin, Y., Monath, T.P.** *Fièvre jaune au Sénégal de 1976 à 1980. (Yellow fever in Senegal from 1976 to 1980).* Médecine Tropicale (Marseilles, France), 41(1), Jan-Feb 1981, 45-51. Fren. 37 refs.

The yellow fever virus seems to have the ability to lay dormant for years, erupting when a sufficient pool of unvaccinated individuals exists in the population; this occurred in Senegal in 1965 and again in 1976-1977. Research is currently being conducted by the Pasteur Institute, Dakar, from its permanent observation station at Kedougou in an effort to explain this peculiar behaviour. This paper discusses the research findings relative to Senegal and the Gambia and hypothesizes that the mosquito vector is the true reservoir of the virus, passing it on from generation to generation via transovarian transmission, and that periodic outbreaks in monkeys have the effect of reinforcing and ensuring the circulation of the virus in nature. (HC-L)

7916 **Samitz, M.H.** *Dermatology in Tanzania; problems and solutions.* International Journal of Dermatology (Philadelphia, Pa.), 19(2), Mar 1980, 102-106. Engl.

After briefly describing Tanzania's health care system, the author examines in more detail the facilities for diagnosing and treating skin diseases available at the Muhimbili Medical Centre, where he also helped to conduct a postgraduate seminar for over 200 health workers of all levels, 90% of whom had never received any formal training in dermatology. Recommendations for improving dermatological services in tropical Africa emphasize the need to teach both the public and health workers to recognize the most prevalent skin diseases. The establishment of an Institute for Teaching and Research in Tropical Dermatologic Sciences in Tanzania is proposed. (DP-E)

7917 **Sardo-Infirri, J., Barmes, D.E.** *Revue des activités de l'O.M.S. en épidémiologie des caries dentaires. (Review of WHO activities in the epidemiology of dental caries).* Revue d'Epidémiologie de Santé Publique (Paris), 28(1), 1980, 115-125. Fren.

This paper describes WHO's programme on the epidemiology of oral-dental diseases and the present status of its efforts in the following areas: development of norms for conducting national studies of dental health; establishment of a data bank on the epidemiology of oral-dental diseases; and organization of programmes aimed at the prevention of dental caries at the national level. Statistical data are included. (HC-L)

7918 **Seal, S.C.** *Ecological approach to child care in India.* Indian Journal of Public Health (Calcutta, India), 23(3), Jul-Sep 1979, 128-135. Engl.

An ecological approach to child care in India should ensure the birth of a healthy child; stress the importance of the environment and the mother's health and prenatal care; emphasize child growth and development (particularly nutrition); make provision for defective and delinquent children and attempt to reduce their numbers; protect children from disease, accidents, and exploitation; and consider the problems of working mothers. The implementation of such an approach would in time lead to a natural reduction in fertility as parents become confident that most children born will reach maturity. (DP-E)

7919 **Sebina, D.B.** *Africa and the decade.* World Health (Geneva), Aug-Sep 1980, 5-7. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The UN has declared 1981-1990 the International Drinking Water Supply and Sanitation Decade. This article examines the implications of this initiative for Africa, where water-borne diseases are a major cause of disease. The development of community water is often expensive, and the individual countries and communities involved must participate in the construction, maintenance, and protection of the water system if the large investment is to prove worthwhile. The article concludes with a discussion of Botswana's objectives in this area for the decade. Some statistical data are included. (DP-E)

7920 **Shann, F., Lawrence, G.** *Medical management of enteritis necroticans (pigbel).* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(1), Mar 1979, 24-29. Engl.

The clinical features of pigbel, the commonest cause of death in children over 12 months of age at Goroka Hospital (Papua New Guinea), are described. The medical management of pigbel includes intravenous fluids, nasogastric suction, penicillin, and chloramphenicol. The development of dehydration, aenemia, hyponatraemia, hypokalaemia, and hypoalbuminaemia must be prevented. In severe pigbel, prolonged starvation may result in malnutrition that impairs wound healing and increaes mortality. Intravenous feeding is therefore desirable in some cases. (Modified journal abstract)

7921 **Sharp, P.T., Harvey, P.** *Malaria and growth stunting in young children of the highlands of Papua New Guinea.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 23(3), Sep 1980, 132-138. Engl.

An April 1979 study of two areas (one of high altitude, one of low altitude) in Enga Province, Papua New Guinea, indicated that malaria (endemic in the low altitude area) contributes to the impairment of the growth of young children. It is suggested that, in the absence of a malaria control programme, distribution of amodiaquine to children and chloroquine to pregnant women and mothers of young children could reduce not only unnecessary mortality and ill health but also contribute to the nutritional well being of growing children. In accessible areas, the monthly maternal child health clinics could effect such a programme. Statistical data are included. (Modified journal abstract)

7922 **Sinhaseni, A.** *Current status of rabies problems in Thailand.* Japanese Journal of Medical Science and Biology (Tokyo), 32(6), Dec 1979, 367-370. Engl.

Rabies is highly endemic to Thailand, with annual reported death rates ranging from 237-322 over the past 10 years. This paper discusses the obstacles of an educational, financial, religious, and technical nature to the effective control of the disease in that country. (HC-L)

7923 **Sivaraman, V., Umasankar, V.** *Simulation model of tuberculosis epidemiology adaptability to Indian conditions.* Indian Journal of Tuberculosis (New Delhi), 26(1), 1979, 4-10. Engl. 10 refs.

This paper presents a modified version of the simple simulation model of tuberculosis epidemiology. Various demographic, epidemiological, and other factors are compiled and the model applied to the situation in India. After a sample calculation, the validity of the model is tested by comparing estimates from it with survey data and also with estimates from a more complex model. The authors conclude that there is close agreement between the two models and recommend pilot epidemiological surveys to develop further refinements in the model. (Modified journal abstract)

7924 **Talwar, G.P.** *Towards development of a vaccine against leprosy.* Leprosy in India (New Delhi), 50(4), Oct 1978, 492-497. Engl. 16 refs.

The author describes the various steps taken by a WHO-sponspored Indian research group towards the development of a vaccine against leprosy. (Modified journal abstract)

7925 **Taufa, R.** *Psychiatric aspects in rejection of family planning.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 21(3), Sep 1978, 264-266. Engl.

This paper discusses a number of ideas and attitudes prevalent in Papua New Guinea — and elsewhere in the world — which result in the rejection of contraception. Family planning is not, principally, a clinical problem but rather a social, psychological, political, and attitudinal one, and governments must take this into consideration in planning their programmes. (HC-L)

7926 **Tayo, M.A., Pugh, R.N., Bradley, A.K.** *Malumfashi Endemic Diseases Research Project; XI: water-contact activities in the schistosomiasis study area.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(3), Apr 1980, 347-354. Engl. Refs.

Human water-contact activities were observed around the Ruwan Sanyi dam in northern Nigeria from July 1977-May 1978 in an effort to determine which activities and which members of the surrounding population were important in the transmission of urinary schistosomiasis. The results are discussed and presented as statistical data. The findings indicate that fishing, bathing, playing, and swimming (particularly by young males) were the most important activities; various washing activities were also important in terms of exposure. Further observations are necessary if seasonal variations are to be determined. (Modified journal abstract)

7927 **Terreri, N.J.** *Integrated development approach to solving rural nutrition problems or soft is beautiful.* In Shack, K.W., ed., Teaching Nutrition in

Developing Countries or the Joys or Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 24-28. Engl.
For complete document see entry 7983.

This presentation explains Save the Children Federation's (SCF's) approach to nutrition programme planning as applied to two small towns in northern Mexico. The Social Development Coordinator for SCF worked with a Mexican social worker to identify the needs of the communities by talking to the women. They visited each home and then had a group meeting to discuss problems and possible solutions. Each community had different problems; therefore, the projects were different. A list of seven suggestions for a successful nutrition programme is presented. (Modified journal abstract)

7928 Transactions of the Royal Society of Tropical Medicine and Hygiene, London. *Twentieth seminar on trypanosomiasis.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(2), 1980, 267-282. Engl. Refs.
Twentieth Seminar on Trypanosomiasis, Langford, UK, 27-28 Sep 1979.

Trypanosome pathogenicity and laboratory studies on glossina were discussed and 49 laboratory demonstrations of recent work on trypanosomiasis presented during a 1979 visit to the Tsetse Research Laboratory in Langford (UK). Topics covered in the present document include: host susceptibility and resistance, effects of trypanosomes on the haemopoietic system, effects of trypanosomiasis on the immunological apparatus, effects of pharmacologically active substances on the pathogenesis of trypanosomiasis, some aspects of the pathology of Chagas's disease, the peptidergic system in Chagas's disease, construction of laboratory studies on tsetse fly behaviour, *in vitro* feeding to tsetse flies, dietetics of *Glossina morsitans*, chromosome polymorphism and aneuploidism in tsetse flies, insect growth regulators, and sex pheromones of *Glossina*. (EB)

7929 Trévise, P. *Fièvre typhoïde. (Typhoid fever).* Développement et Santé (Paris), (30), 1980, 14-16. Fren.

The author presents a schematic description of typhoid fever. He identifies typhoid bacteria and their geographic location and outlines the various phases in the evolution of the disease. The most obvious clinical symptom is a continuous fever, although other early,signs include headaches, insomnia, and fatigue. The infection can also attack other organs such as the heart, digestive system, and respiratory system. Complications occur frequently and include intestinal perforations and haemorrhage in the digestive tract. Treatment for typhoid fever relies on antibiotic drug therapy as well as rest, rehydration as needed, and blood transfusions. Preventive treatment emphasizes health education to improve hygiene, isolation of those infected, and vaccinations. (FM)

7930 Tulloch, J.L. *Last 50 years of smallpox in Africa.* WHO Chronicle (Geneva), 34(11), Nov 1980, 407-412. Engl.
Also published in French, Russian, and Spanish.

The conquest of smallpox in Africa during the 1967-1977 eradication campaign — when, in individual countries, eradication was achieved in an average time of only 2 years and 7 months — is an achievement that is all the more remarkable when the situation prior to 1967 is considered. The present article outlines the changing pattern of smallpox incidence on the African continent during the 50 years from 1928-1977 and describes how the strategy of surveillance and containment succeeded in rapidly eliminating the disease. Statistical data are included. (Modified journal abstract)

7931 UNICEF, Nairobi. *Basic services for children in eastern Africa.* Nairobi, UNICEF, Eastern Africa Regional Office, 1979. 123p. Engl.
IYC Symposium on Basic Services: Objectives, Strategies and Programmes for Children in Eastern Africa, Nairobi, Kenya, 19-22 Mar 1979.

At the IYC Symposium on Basic Services high-level East African officials met to confer and exhange experiences on integrated social development with the future of the region's children as the explicit focus. This final report describes: the symposium background; the basic services for children in Eastern Africa, e.g., education, health care, nutrition, safe water, village technology; resources, data collection, and analysis; and priorities for future action. The appendices include speeches, statements, case studies, and list of participants. (EB)

7932 Van Elslande, J., Bisot, E. *Aspects cliniques du paludisme. (Clinical aspects of malaria).* Développement et Santé (Paris), (26), 1980, 1-5. Fren.

This paper describes the clinical manifestations and peculiar risks associated with malaria in the adult, infant, young child, and pregnant woman and with the various causal agents of the disease: *Plasmodium vivax*, *P. ovale*, *P. malariae*, and *P. falciparum*. The last causes pernicious malaria, which, if untreated, is almost always fatal within 2-3 days; it is the most common species of plasmodium found in Africa south of the Sahara. (HC-L)

7933 Varkevisser, C.M. *Methodology of research into social aspects of leprosy control.* Leprosy Review (London), 50(3), 1979, 223-229. Engl.

Given the goal of optimal dapsone intake, social science research needs to take into consideration both the sociocultural and sociomedical settings in which dapsone is availabale. Various techniques can help reveal what factors determine prompt self-reporting and regular clinic attendance, and what factors retard them. In a 1974-1976 project in Western Province, Kenya and Mwanza Region, Tanzania, a factor analysis of data on patient registration cards was combined with in-depth interviewing to measure prevailing community attitudes towards leprosy patients. At the same time, health personnel were interviewed and patient-staff interaction observed. In-depth research is able to generate valuable suggestions for strengthening the leprosy services available, for training and retraining health personnel, and for educating patients and communities about leprosy essentials. (Modified journal abstract)

7934 **Ward, B.** *Sanitation revolution.* World Health (Geneva), Aug-Sep 1980, 9. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

With the UN General Assembly vote to make the 1980s the International Drinking Water and Sanitation Decade, the world community has taken a 1st step toward solving the health problems of developing countries. In establishing safe water and disposal systems, mistakes made in the past by developed countries should be avoided. Sanitary improvement must be accompanied by basic education, training of maintenance staff, and full community participation. Urban sewage, once any pathogens are destroyed, can be used to return nutrients to the land and water. Finally, tree-felling for fuel must be controlled in order to avoid the cycle of drought and flood and the steady shrinkage of arable land. (DP-E)

7935 **Weekly Epidemiological Record, Geneva.** *Poliomyelitis in 1978/Poliomyélite en 1978.* Weekly Epidemiological Record (Geneva), 54(47), 23 Nov 1979, 361-368. Engl., Fren.

As part of an international surveillance system created by the World Health Assembly in 1969, 150 countries report epidemiological information on poliomyelitis to WHO. The results to the end of 1978 are discussed and presented as statistical data. Records kept since 1951 indicate that a sharp decrease in cases occurred after the introduction of killed vaccine and, later, after live vaccine was introduced in the late 1960s. However, poliomyelitis remains a serious problem in much of the developing world and the WHO Expanded Programme on Immunization coupled with continued surveillance are the best means of combatting the disease. (DP-E)

7936 **Western, K.A., Music, S.I., Angle, A.M., Foster, S.O., Hogan, R.C.** *Guidelines for analysis of communicable disease control planning in developing countries; communicable diseases control planning.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 1, 1979. 234p. Engl. Refs.
See also entries 7701, 8070, 8071, 8079, 8081, 8082, and 8083.

This volume for the planning and evaluation of communicable disease control programmes in developing countries provides critically needed guidelines for incorporating health planning into national plans for economic development. It discusses specific aspects of disease control programmes, such as programme organization, surveillance systems, and immunization projects. Articles on specific disease and disease types cover malaria, tuberculosis, leprosy, venereal disease, filariasis, schistosomiasis, onchocerciasis, trachoma, bacterial enteric diseases, parasitic enteric disease, and rabies. The current "state-of-the-art" in planning and evaluation of specific disease control programmes is also presented. (DP-E)

7937 **Whitehead, R.G., Lunn, P.G.** *Endocrines in protein-energy malnutrition.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 69-76. Engl. Refs.
Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.
See also entries 6481 (volume 10) and 7172, 7173, 7192, 7207, 7221, 7240, 7248, 7567, 7611 (volume 11).

In this paper, the authors examine the role of endocrines in protein-energy malnutrition (PEM). They first summarize the basic endocrine pattern found in severe cases before examining hormonal abnormalities that could explain the emergence of kwashiorkor or marasmus. Although results support the theory that the two types of PEM are caused by different hormonal backgrounds, it is not clear what causes these hormonal differences. Whether or not kwashiorkor or marasmum occurs is probably caused by a complex interaction of factors such as diet, total energy intake, and environmental stress. (FM)

7938 **Wilson, J.** *Communities re-born.* World Health (Geneva), Jan 1981, 22-25. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

A unique rehabilitation programme for the blind has tranformed the lives of the inhabitants of Garu and Binabu, two villages in an area of Ghana endemic for onchocerciasis. In these villages (as in other developing societies), handicapped people are often forced to live separately from and under more economic pressure than the rest of the inhabitants. Prevention and rehabilitation are the major components of programmes intended to alleviate blindness caused by eye diseases such as onchocerciasis, trachoma, and cataracts. (DP-E)

7939 **Winikoff, B., Brown, G.** *Nutrition, population and health: theoretical and practical issues.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 171-176. Engl. 27 refs.
Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

This paper discusses the relationships between nutrition and child health, fertility and maternal child health, nutrition and fertility, and health status and fertility. It then goes on to examine the implications of these relationships for development policy in the areas of health and population. (HC-L)

7940 **Zeltner, F.** *Diarrhées: la déshydratation. (Diarrhea: dehydration).* Développement et Santé (Paris), (28), 1980, 9. Fren.

In simplified terms, the author describes the causes of diarrhea in children and offers advice to mothers about proper preventive measures. She emphasizes the importance of proper hygiene when preparing food, clean drinking water, and proper waste disposal. Since diarrhea leads to dehydration, it is important to replace the liquid lost by giving the child boiled water with sugar and salt added. A convenient measuring spoon has been developed that indicates the exact quantity of sugar and salt required. (FM)

III Health Care Implementation

III.1 Inpatient Care

See also: 7735, 7778, 7825, 8129, 8209.

7941 **Aggarwal, V.P.** *Obstetric emergency referrals to Kenyatta National Hospital.* East African Medical Journal (Nairobi), 57(2), Feb 1980, 144-149. Engl.

In 1977, the obstetric emergency referrals from district and provincial hospitals to the Kenyatta National Hospital constituted 3% of the total hospital deliveries but were responsible for 59% of the total maternal deaths in the hospital. Included are tables showing obstetric problems, modes of delivery, reasons for transfer, and errors. It was found that in 59% of the referrals with complications the hospital authorities were to blame and in 41% the patient was to blame. Recommendations to reduce the high maternal and perinatal mortality include health education for expectant mothers, adequate transport facilities, and better staffing and equipping of outlying hospitals so that they can handle all obstetric emergencies. (EB)

7942 **Guidotti, L., Barley, D.R., Gelfand, M.** *Medical records in missions, district and rural hospitals; a suggested system of record keeping.* Central African Journal of Medicine (Salisbury), 26(2), Feb 1980, 29-32. Engl.

The setting up of a simple medical records system is possible in smaller hospitals. This article presents a proposal for such a system and gives as an example the medical records system adopted by the All Souls Mission at Mtoko, Zimbabwe. (DP-E)

7943 **Houngbevi, A.** *Brûlures de l'enfant en milieu africain (expérience du service des brûlés du C.H.U. de Lomé). (Burns in children in Africa (experience of the burns department at the Lomé university hospital centre)).* Annales de l'Anesthesiologie Française (Paris), 22(4), 1981, 346-350. Fren. Refs.

This study analyzes the treatment of 108 burned children admitted to the Lomé (Togo) teaching hospital centre from January 1977-December 1978. Of these patients, 66.6% were boys and 66.4% were aged 3-4 years. Most burns were the result of cooking accidents involving boiling liquids; 63.9% were superficial and 21.3% intermediate. Treatment was based on water and electrolyte replacement and exposure to air, with infections — the most frequent complication — accounting for most of the 6.4% mortality. Statistical data are included. (Modified journal abstract)

7944 **Mathai, R., Rao, P.S., Job, D.K.** *Risks of treating leprosy in a general hospital.* International Journal of Leprosy (Washington, D.C.), 48(3), Sep 1980, 289-302. Engl. 12 refs.

The Christian Medical College and Hospital at Vellore, India, treats about 4 000 leprosy patients each year, and these patients share all hospital facilities with all other patients. In this study, the impact of this practice on the hospital's 3 442 staff and students is assessed. Of those who at initial screening had no evidence of leprosy, 24 (0.7%) acquired the disease. This attack rate is significantly lower than the incidence of leprosy in this endemic area and the authors conclude that the staff and students do not carry any additional risk of acquiring clinical leprosy. Statistical data are included. (Modified journal abstract)

7945 **Monckeberg Barros, F.** *Experiencias obtenidas a través de la actividad de la Corporación para la Nutrición Infantil; una estrategia de desarrollo integral para la marginalidad absoluta. (Experiences gained from the activity of the Corporation for Infant Nutrition; a strategy for total development of the most marginalized groups).* Revista Médica de Chile (Santiago), 107(9), Sep 1979, 881-884. Span.

One of the clearest indicators of economic and social marginalization is the presence of a malnourished child in the family. The *Corporación para la Nutrición Infantil*, Chile, has therefore chosen nutrition rehabilitation as a point of entry in its efforts to promote integrated social development of the most marginalized groups. So far, the Corporation's 26 centres have rehabilitated 850 children, 96% of whom have continued to grow and develop normally, and has achieved considerable success in the areas of home improvement and sanitation. (HC-L)

7946 **Olweny, C.L.** *Uganda Cancer Institute.* Oncology (Basel, Switzerland), 37(5), 1980, 367-370. Engl.

The Lymphona Treatment Centre (opened in 1967) and the Solid Tumour Center Centre (opened in 1969) together with associated laboratories form the Uganda Cancer Institute. This article briefly examines the Institute's establishment, administrative structure, objectives (one of which is the study of cancers common to

Uganda), facilities, staff and their training, criteria for admission of patients, activities to date, and plans for the future. The Institute is an example of what can be achieved by collaboration at the international, national, and regional levels. (DP-E)

7947 **Schwarcz, R.** *Normalización de la atención perinatal: propuesta de programa de intervención normativa para el manejo perinatal de la prematurez. (Standardization of perinatal care: proposal of a programme of standardized intervention in the perinatal management of prematurity).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 87(4), Oct 1979, 361-365. Span.

A standard set of procedures for the management of prematurity has been developed and implemented in a number of hospitals in Latin America, where some 70% of neonatal deaths occur in infants weighing less than 2 500 g. The programme aims to arrest premature labour through the administration of labour-inhibiting drugs or, if necessary, to manage the premature infant in such a way as to reduce the risk of disease, death, or neurological damage. Data from facilities in Uruguay and Bolivia indicate that they have experienced considerable reduction in perinatal, late fetal, and neonatal mortality since their adoption of the programme. (HC-L)

III.2 Outpatient Care

See also: 7766, 7978, 8076, 8129, 8132, 8146, 8149, 8150, 8152, 8177 8290.

7948 **Buchan, T., Chikara, F.B.** *Psychiatric outpatient services in Matabeleland, Zimbabwe.* South African Medical Journal (Cape Town), 57(26), 28 Jun 1980, 1095-1098. Engl. 25 refs.

In a survey of 104 newly referred patients treated in 20 psychiatric outpatient clinics in Matabeleland, Zimbabwe, between November 1977-February 1978, some 65% were diagnosed as having schizophrenia, acute brain syndromes, or depression. Acute brain syndromes and schizophrenia were found difficult to diagnose in an outpatient setting, the differentiation between the two being particularly troublesome. Depressives can usually be managed on an outpatient basis with only the severely retarded or actively suicidal requiring admission, while patients with thought disorders or clouding of consciousness should be admitted for investigation of the underlying lesion. A table showing diagnosis and management patterns is included. (EB)

7949 **Bukhari, S.I.** *Study of 2, 49, 502 cases treated in the Municipal Dental Clinic, Sahiwal from 1959 to 1978.* Pakistan Dental Review (Lahore, Pakistan), 27(1-2), Jan-Apr 1979, 16-21. Engl.

In this study covering his 19 years as dental surgeon in charge of the Municipal Dental Clinic in Sahiwal, Pakistan, the author makes a comparative analysis of the 249 502 cases treated and the types of caries found. The changes in patterns of food consumption, the introduction of refined foods, the decline in the availability of milk products, and the dentist-patient ratio are considered contributing factors to the increase in the number of cases of caries and gum disease. Some recommendations for improving dental facilities and services are put forward. (EB)

7950 **Développement et Santé, Paris.** *Bangladesh: l'expérience d'un centre de santé populaire. (Bangladesh: the example of a local health centre).* Développement et Santé (Paris), (30), 1980, 17-19. Fren.

Rural health services in Bangladesh are organized around local health centres such as the one in Savar, which provides a population of 20 000 with basic curative care, physical examinations, simple surgery, deliveries, and vaccinations. Health auxiliaries, predominately women, staff the centres and visit surrounding villages. Recruited locally and aged from 15-25 years, these health workers receive instruction through theoretical classes and field sessions in hygiene, first aid, vaccinations, family planning, and antenatal care. Contributions from patients cover 40% of the operating costs, with the remainder being provided by OXFAM-Great Britain and OXFAM-Canada. (FM)

7951 **Dickhaus, U.** *Probleme der Kinderfürsorge in der 3. Welt. (Problems of child welfare in the Third World).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 41(7), Jul 1979, 466-467. German.

This account of the author's 1978 visit to Bolivia's slum region, Villa Copacabana near La Paz, was published in view of the Year of the Child. The *Fundación San Gabriel* was started in 1970 by Dr. de Barragan and is supported by aid agencies. Today it provides food and shelter to some 300 children. There are kindergarten facilities and a rehabilitation centre for undernourished children, where mothers are counselled on health and nutrition problems. A further project of the *Fundación* is the improvement of child health care in the mining area of Potosí, where 60% of all children die before reaching the age of 5 years. (EB)

7952 **Emrich, S.** *Nutrition education in a combined nutrition recuperation center and well-child weighing clinic.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 38-45. Engl. For complete document see entry 7983.

This presentation describes a rural nutrition centre in the Guatemalan highlands and offers practical suggestions for making nutrition education more effective. The nutrition centre was opened in April 1976. The weights of all the children admitted (and their siblings aged less than 6 years) are followed during their stay and after they leave. The centre has a weekly class for all mothers of children in the centre, plus a weekly work turn, when mothers get involved in the functioning of the centre. Teaching aids are very important, but thought must be put into their production if they are not to become confusing. This presentation gives some excellent advice on the use of teaching aids. (Modified journal abstract)

7953 **Gershon, W., Mani, R.S.** *Leprosy rehabilitation: a pragmatic approach in a developing country.* In Latapi, F., Saul, A., Rodriguez, O., Malacara, M., Browne, S.G., eds., Leprosy, Amsterdam, Excerpta Medica, International Congress Series No. 466, 1980, 344-346. Engl.

See entry 7889 for complete document.

The German Leprosy Relief Association has launched a scheme designed to assist leprosy patients who are both physically disabled and mentally disturbed, to encourage their social assimilation and wipe out the social stigma associated with the disease, and to rehabilitate them in the home environment. The principal components of this programme are the advancement of interest-free loans to patients to help them become self-supporting, job placement, and follow-up surveillance. (DP-E)

7954 **Giel, R., Workneh, F.** *Coping with outpatients who cannot cope: management of persistent complainers in an African country.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(4), 1980, 475-478. Engl.

Some 15%-20% of patients visiting general outpatient services in developing countries suffer from some emotional disorder, although they present mainly with somatic complaints. Their contact with the health services is generally a frustrating experience for themselves and for the health worker, resulting in undue medical attention to their problems. A series of five consecutive steps, of increasing psychiatric sophistication, to assist in the management of these cases is described; these permit the health worker to stop at a level not exceeding his or her competence. (Modified journal abstract)

7955 **Grosset, J.** *Efficacy of short-course chemotherapy for tuberculosis.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 139-149. Engl. 23 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana.*

The development of short-course therapy for tuberculosis, begun in 1956 but abandoned until 1967, is described. Studies indicate that four drugs used in combination over a 6- or 9-month course can be highly effective against the disease. The low failure and relapse rates compare favourably with those obtained in the standard 12-month regimen and the shortness of the course is obviously desirable. Indeed, for mild cases, an even shorter course has produced acceptable results. The author explains how the various drugs work singly and in combination. Some statistical data are included. (DP-E)

7956 **Gunatilaka, P.P.** *Community health project in the village of Udugama in Sri Lanka.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 219-220. Engl.

For complete document see entry 7077 (volume 11).

Under the guidance of a Sri Lankan Health Department public health inspector, a 7-day training course in population dynamics, sanitation, nutrition, and venereal diseases was given to 30 volunteers from Udugama, a rural village of 408 inhabitants. The inspector and the volunteers encouraged the villagers' involvement in a number of self-help activities, including road repair, a day care centre providing free meals for children, health education, kitchen gardens, libraries, an immunization programme, etc. (DP-E)

7957 **Moenckeberg Barros, F.** *Doing something about extreme poverty.* Bulletin of the Pan American Health Organization (Washington, D.C.), 11(1/4), 1979, 27-31. Engl.

Extreme poverty is widespread in Latin America and cannot be attacked merely by income redistribution; the factors that contribute to its existence are often present even before its victims are born. Early deprivation breeds low expectations and creates a cycle of poverty for each succeeding generation. Moreover, governments are not equipped to deal with this complex problem; private or semi-private organizations working closely with governments are far more suitable. The Chilean Nutrition Foundation (whose staffing and operations are described), founded in 1975, is such an organization. Its successes with malnourished and uneducated children have demonstrated to families and communities that extreme poverty can be overcome. (DP-E)

7958 **Ojo, M.A.** *Family clinic — an experiment in primary health care in Nigeria.* International Nursing Review (Geneva), 27(5), Sep-Oct 1980, 154-155. Engl.

A rural clinic near Lagos, Nigeria, provides family health (including family planning, immunization, and treatment), antenatal, and postpartum care. The staff comprises one doctor, nurses, and community health aides. Health and nutrition education are an essential part of the clinic's activities. Patient response to the clinic, and especially to the nurse, has been excellent. It is suggested that future clinics based on this model should be backed up by a hospital, a laboratory services, and an X-ray unit. (DP-E)

7959 **Sanokho, P.A.** *Obstétricie sociale. (Social obstetrics).* Courrier (Paris), 30(4), 1980, 345-351. Fren. 14 refs.

This paper discusses the available data on maternal and infant mortality in rural Senegal and its immediate and social causes. It then describes an approach to the problem involving antenatal screening and hygienic perinatal and postnatal care delivered by basically-trained local women in rudimentarily-furnished, traditionally-constructed maternity centres. There have been no maternal deaths recorded in the rural zone of Khombole since the implementation of the service and its organization is to be duplicated throughout the rest of Senegal. (HC-L)

7960 **Simmons, W.K.** *Programmes for the prevention of anaemia in Jamaica.* West Indian Medical Journal (Kingston), 29(1), Mar 1980, 15-21. Engl. 12 refs.

The Government of Jamaica has implemented programmes for the eradication of nutritional anaemia, a national public health problem, according to guidelines recommended by WHO in 1977. Imported wheat flour and local cornmeal are being fortified with vitamins, iron, and calcium; iron and folic acid are distributed at antenatal and child-welfare clinics; women and children are advised on proper nutrition; environmental sanitation is encouraged; and, in clinics, antihelminths are administered if hookworms are found in stool samples. Future government programmes include construction of more health clinics, monitoring of haemoglobin in pregnant women, a national mass media Nutrition Education/Communication Campaign, and improved antenatal and postnatal care. (EB)

7961 **Tunay, T.** *Miracles for the many.* New Internationalist (Oxford, UK), 95, Jan 1981, 13. Engl.

In only 4 months, 46% of the 119 disabled children aged less than 6 years in two Philippine villages showed significant improvements resulting from the implementation of an innovative, low-cost, and extremely suitable rehabilitation programme. An occupational therapist and a specialist in preschool education trained village volunteers to recognize and treat impairments; these efforts were then expanded to include nutrition education, antenatal care, immunization, hygiene, and sanitation. A case history illustrates how tickling functioned as the 1st step in an exercise programme for an infant with Down's syndrome. (DP-E)

7962 **Wolfe, J.C.** *Special Report: community mental health in China.* Community Mental Health Journal (New York), 16(3), Fall 1980, 241-248. Engl.

The Chinese attitude toward mental health problems reflects that society's belief that the community is more important than the individual. Mental patients receive active support from their communities, which includes counselling for their families and coworkers, and are treated by a combination of Western and traditional medicine. Even for severe cases, hospitalization rarely lasts more than 3-5 months. The Chinese methods for dealing with drug and alcohol addiction, caring for the elderly, and resolving marital difficulties are also described. (DP-E)

III.3 Mobile Units and Services

7963 **Woerth, J.K.** *Health care on the Amazon.* Missouri Medicine (St. Louis, Mo.), 77(8), 1980, 410-411. Engl. 8 refs.

During a recent trip to the Brazilian state of Para to study various forms of health care delivery, the author visited Projecto Esperanca (Project Hope), a unique health care organization founded by Father Tupper, an American priest and medical doctor, in the late 1960s. The health care delivery system consists of: a fully-equipped hospital ship, which when not travelling along 250 miles of the Tapajos and Amazon Rivers, is docked to allow a US volunteer surgical team to perform operations and train local surgeons; a nutritional rehabilitation and research centre, which provides education on nutrition, diseases, sanitation, and child care; and a family practice clinic that treats 50-70 patients daily and provides training for medical students and barefoot doctors. (EB)

III.4 Health Education

See also: 7773, 7779, 7781, 7784, 7811, 7878, 7887, 7952, 8060, 8073, 8084, 8096, 8172, 8314.

7964 **African Medical and Research Foundation, Nairobi.** *Defender; health journal for Africa.* Nairobi, African Medical and Research Foundation. Engl.

This irregularly-published journal answers health questions sent by African readers in the form of letters to the editor; in his answering letter, the editor presents possible solutions in simple, non-technical language, sometimes with illustrations. A typical issue presents readers' questions on deafness, the rhythm method of contraception, body odours, tonsilitis, bed-wetting, overweight, and shock. (DP-E)

7965 **Cerqueira, M.T.** *Mass media approach to nutrition education; a pilot study in Mexico.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 105-111. Engl. 24 refs.
For complete document see entry 7983.

Mexico's National Nutrition Institute set up a pilot study to examine the effectiveness of mass media techniques as compared to direct methods of health and nutrition education. Three geographical areas were chosen: an experimental group where mass media were used, a comparative group where teachers were available, and a control group. It was found that nutrition concepts were learned equally as well using the direct method of education as with mass media and that there were positive dietary changes within both groups, but not in the control group. (Modified journal abstract)

7966 **Clark, N.M.** *Analysis of an integrated approach to education for community development.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 13-23. Engl.
For complete document see entry 7983.

If education is going to be an effective process, it must include issues that are important to the learners as well as those issues that are felt to be important by the teachers. In Ethiopia, as in much of Africa, women not only bear and raise children but collect water and fuel and tend farms. Most educational programmes exclude women, although women are an important economic force in the country. This project focuses on the needs of women and getting them involved in solving their own problems. Traditional topics of learning are supplied, but only after the priorities of the community are met. (Modified journal abstract)

7967 **Clarke, W.D.** *Innovation and implementation of appropriate health education.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 141-145. Engl.

It is a frequent but mistaken assumption that effective and appropriate health education for developing countries is simply a matter of finding out what the community needs and then delivering it. Innovation and implementation are two quite distinct facets and both require an equal amount of study and effort. To be truly effective, health education needs to be based upon an accurate assessment of individual community needs; it must be provided in a format that is acceptable to, and practical for, that community; and it requires the provision of a supportive, ongoing system. A list of criteria against which both past and prospective campaigns can be assessed is presented. (Modifed journal abstract)

7968 **Cooke, T.M.** *Mass media and marketing approach to nutrition education.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 74-85. Engl.

For complete document see entry 7983.

Mass media and modern marketing techniques have been responsible for changes in food habits in developing countries, but it has not been until recently that the same techniques have been applied in developing countries. This presentation explains the reach and frequency technique in general and a mass media project in the Philippines that tested the effectiveness of radio messages used alone. (Journal abstract)

7969 **Drouet, B.** *Comment utiliser les médicaments? (How should drugs be used?).* Développement et Santé (Paris), (19), 1979, 20-22. Fren.

The relative success of various placebos in curing certain simple illnesses reveals the importance of a patient's attitude to drugs and medicines. In many cases, if he or she has confidence in the doctor and in the cure prescribed, the patient will be cured. However, confidence should be accompanied by a responsible, well-informed attitude. If dealing with a traditional practitioner, the patient should only consult one with a good reputation. In dealing with modern drugs, the patient should request the simplest and not hesitate to question the doctor or pharmacist as to the exact nature of the drug. Finally, a sensible attitude to nutrition and health would render many drugs unnecessary. (FM)

7970 **East African Medical Journal, Nairobi.** *Special report on the WHO/UNICEF meeting on the role of the media in promoting primary health care.* East African Medical Journal (Nairobi), 57(8), Aug 1980, 523-524. Engl.

The media could greatly assist African health workers to promote the concept and practice of primary health care, but relations between the groups are poor. In an effort to alleviate the situation, WHO and UNICEF sponsored a meeting attended by representatives of the two groups in Botswana. It was suggested that the goal of improved health was worthy of the media's support (and not just in the reporting of major medical breakthroughs). Health workers were urged to learn communication techniques in order to reach the public with the health message and to be able to communicate better within the health care system. Both groups gained an appreciation of the role and problems of the other. (DP-E)

7971 **Hollnagel, M.** *Sundhedspaedagogik i u-landsmedicinen; eksempel fra Ghanzi district, Botswana. (Health education in medicine in developing countries; an example from Ghanzi district, Botswana).* Ugeskrift for Laeger (Copenhagen), 142(37), 8 Sep 1980, 2448-2451. Danish. 9 refs.

The author describes his experiences coordinating health education activities in a rural area of Botswana. The major activity was a series of teaching campaigns organized with the support of local health workers and a nursing school. During these campaigns, a mobile team of local staff, an adult educator, student nurses, and doctors acted out roles in skits concerning health-related subjects, which were afterwards discussed in village meetings. (Modified journal abstract)

7972 **Jere, A.** *Little radio goes a long way .... sometimes.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 86-96. Engl.

For complete document see entry 7983.

Radio can be a useful tool for training field workers, supervising programmes, and raising morale as well as educating the general public. However, in order for radio to reach its full potential as an educational tool, the message needs to be sustained and supported by other types of media; the duration and timing of programmes are also important. It has been found that group learning is an effective use of radio as it improves the educational impact, but the most difficult thing is to get the group to follow up their learning with action. A decentralized form of evaluation is recommended, meaning that the study group participants are involved and the evaluation in itself becomes a learning tool. (Modified journal abstract)

7973 **Joseph, M.V.** *Teachers and pupils as health workers.* Lancet (London), 8 Nov 1980, 1016-1017. Engl.

A 4-year health education programme was initiated in 30 schools in Kerala, India, to involve both teachers and students in school health. The 1st phase consisted of training teachers in health education techniques, the diagnosis and treatment of common diseases, and the maintenance of medical records. In the 2nd phase, 6-10 pupils from each school were trained to assist the teacher in the above duties; in the 3rd phase, the responsibility of student training was given to the teachers. Phase 4 involved training schoolchildren to care for younger siblings. A 5-year evaluation found the programme cost-effective and revealed a substantial reduction in the incidence of common ailments. (DP-E)

7974 **Loransky, D.N., Karatseva, N.B.** *Health education of young people in the USSR.* International Journal of Health Education (Geneva), 23(3), 1980, 162-166. Engl. 9 refs.

Also published in French, German, and Spanish.

Various health curricula have been developed in the USSR over the past two decades, some of them aimed at young people and others at their parents and teachers. The State, which treats health care and education as a public concern, favours a gradual approach in this area, aiming to make the educative process continuous and consistent with the needs and environment of the individual. The programme specifies the knowledge that educators should impart to children and the health knowledge and habits that the children themselves should master. (DP-E)

7975 **Minett, N.** *Health education in the bush.* International Nursing Review (Geneva), 27(6), Nov-Dec 1980, 165-168. Engl.

An American nurse describes a day of travel in the bush country of Sierra Leone. Her task is to gather information by means of interviews in order to determine the impact of a health education programme, primarily concerned with breast-feeding and infant feeding, which had begun 2 years previously. She will later compare this information with that obtained before the programme began. She describes some of the education techniques employed and stresses the importance of understanding the villagers in order to make the process possible. (DP-E)

7976 **Mer, B.M.** *Toothbrushing programme for use in the school.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(2), Jun 1979, 136-139. Engl. 12 refs.

A toothbrushing project designed for use in elementary schools in Papua New Guinea is described. Each student was given a toothbrush, which was kept at school on a specially built board, and both teachers and students received dental health demonstrations. In an evaluation 2 months later, it was found that the enthusiasm of the supervising teacher was the most important factor in determining the thoroughness and skill with which the children cleaned their teeth. (DP-E)

7977 **Oshiro, J.H., L'Abbate, S., Lazara Lessa, Z.** *Educación en salud: una experiencia en la Secretaria de Salud del Estado de São Paulo. (Health education: an experience in the São Paulo Secretary of State).* Educación Médica y Salud (Washington, D.C.), 14(2), 1980, 184-197. Span. 15 refs. Décima Conferencia Internacional de Educación en Salud, London, UK, Sep 1979.

The authors make a detailed analysis of social research and educational programmes carried out in the last 10 years by the public health education service, São Paulo, Brazil. They show how educational activities have generally been centered around teaching the individual to adopt standards considered adequate to attain greater well-being. From this point of view, educational activities appear authoritarian, stemming from an asymmetrical relationship between technical personnel and the population, which limits the evolution of a real health awareness. In the authors' opinion, health education in Brazil requires that priorities be established based on the main needs of the majority of the population, through mechanisms that ensure the active participation of the community. (Modified journal abstract)

7978 **People, London.** *Training mothers in Kenya.* People (London), 7(4), 1980, 19-20. Engl.

Also published in French and Spanish.

Forty-one nutrition rehabilitation centres have been established by UNICEF in Kenya to treat malnourished children and teach their mothers the basics of family care, including the essentials of health, nutrition, family planning, and agriculture. Each centre has about 20 cottages where the mothers live for some 3 weeks with the patients and their siblings. Follow-up visits are made after the mother returns home to encourage her to continue practicing what she has learned. Judged on the basis of the case history presented, the programme itself is considered effective, but poverty and cultural barriers too often prevent the women from carrying out improvements in the home environment. (DP-E)

7979 **Risopatron, F., Spain, P.L.** *Reaching the poor: human sexuality education in Costa Rica.* Journal of Communication (Milwaukee, Ore.), 30(4), Autumn 1980, 81-89. Engl. 18 refs.

In a 1980 study, some 1 000 Costa Ricans (both urban and rural) were interviewed to assess the impact of a national radio programme that dealt with the entire spectrum of human sexuality. The results are discussed and presented as statistical data. The findings indicated that the programme had a large audience from all geographical areas and socioeconomic groups and that, unlike most programmes of its kind in developing countries, it had succeeded not only in increasing awareness but also had effected desirable modifications in the practices of its listeners. The reasons for the programmes success and the implications for future programmes elsewhere are examined. (DP-E)

7980 **Rody, N.** *Things go better with coconuts.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 29-36. Engl.

For complete document see entry 7983; see also entry 5878 (volume 9).

A 2-year nutrition education programme initiated in the US Trust Territory of the Pacific Islands combines conventional techniques with more unorthodox motivational techniques to achieve change. One aspect of the project stressed the use of coconut juice over soft drinks, thus capitalizing on the unpopular foreign presence. Other parts of the programme encouraged breast-feeding, home-made weaning foods, changing schoolchildren's food habits, and conducting local meetings on nutrition. The programme's philosophy encourages individuals to be responsible for solving their own problems. (Modified journal abstract)

7981 **Roques, R.** *Villageoises s'organisent à Guinguineo. (Village women organize themselves in Guinguineo).* Développement et Santé (Paris), (20), 1979, 27-28. Fren.

The author describes the organization of rural village women in the Sahel to take a more active part in the health care of their children. During regular health education sessions, they were taught how to recognize and treat simple childhood diseases and when to refer children to clinics. In the 2nd phase of the programme they organized a small cooperative pharmacy, managed by the women themselves and stocked with essential drugs and medicines. (FM)

7982 **Rothberg, A.** *"Technically impossible education on leprosy", plus a warning to the endemic world.* Hansenologia Internationalis (São Paulo, Brazil), 3(2), 1978, 113-115. Engl.

The extremely negative sociohistorical connotations of the word "leprosy" make any educational efforts to overcome the stigma attached to the disease very difficult. Although a recent workshop on the treatment of leprosy recommended that the word be used with caution, it did not suggest abandoning the use of the term completely. The author warns that only by substituting a scientific, non-degrading term, as has already been done in the case of the term venereal disease, can endemic countries hope to succeed in their educational programmes. (FM)

7983 **Shack, K.W.** *Teaching nutrition in developing countries or the joys of eating dark green leaves.* Santa Monica, Cal., Meals for Millions Foundation, 1977. 193p. Engl. Refs.

International Workshop on Nutrition Education Techniques Used in Developing Countries, Santa Barbara, Cal., 12-18 Jun 1977.

Individual papers have been abstracted separately under entries 7727, 7781, 7784, 7878, 7927, 7952, 7965, 7966, 7968, 7972, 7980, 7985, 8052, 8053, 8055, 8056, 8057, 8084, and 8088.

This 1977 workshop enabled 28 educators to share ideas about educational techniques designed to teach nutrition to illiterate and semi-literate populations in 12 developing countries. The report contains the foreward and introduction, a list of participants, and the texts of papers on the philosophy of education, an integrated approach to nutrition education, nutrition rehabilitation centres and the training of nutrition auxiliaries, the mass media approach to nutrition education, educational tools for use in nutrition education, nutrition education programmes in selected countries, and the evaluation of nutrition programmes. (RMB)

7984 **Slayen, P.W.** *What do young adults really know, think and do about health?* South African Medical Journal (Cape Town), 57(21), 24 May 1980, 877-880. Engl.

A survey of the health knowledge of 665 1st-year students at a South African university indicate a lack of basic education concerning those aspects of health for which they should be personally responsible. The survey also indicates the sources of their health knowledge and assesses their attitudes to the effectiveness of the formal and informal sources of this knowledge. Health-related behaviour under the students' own control is analyzed and an attempt is made to compare various factors in a group whose health knowledge is about average with those in the whole group. Some statistical data are included. (Modified journal abstract)

7985 **Sundari, S.** *Nutrition education program in Indonesia.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 150-156. Engl.

For complete document see entry 7983.

There are presently four types of nutrition-related programmes in Indonesia: the applied nutrition programme designed to improve family nutrition, feeding programmes, vitamin supplementation, and goitre prevention. The approach recommended to the problems of rural malnutrition is the distribution of nutrition information either through existing health clinics or at the village level. The production of nutrition education materials is also described. (DP-E)

7986 **Tawney, J.W., Aeschleman, S.R., Deaton, S.L., Donaldson, R.M.** *Using telecommunications technology to instruct rural severely handicapped children.* Exceptional Children (Washington, D.C.), 46(2), 1979, 118-125. Engl.

A prototype telecommunications project designed to bring instruction to severely handicapped preschool children in remote and isolated areas of Kentucky (USA) is described. The project demonstrated that a minicomputer control system could serve a large number of families simultaneously. Reliable telephonic data transmission between computer and home based teaching machines was achieved, families accepted the placement in their homes, and children interacted with automated devices on a daily basis. The feasibility of large scale services delivery through a similar system is discussed. (Modified journal abstract)

III.5 Appropriate Technology

See also: 7723, 7854, 8077, 8099, 8295, 8316, 8350.

7987 **Battersby, A.** *How to look after a health centre store; building, layout, equipment, managing supplies.* London, Appropriate Health Resources and Technologies Action Group Ltd., 1983. 72p. Engl.

This book offers basic guidelines for running a health centre's medical store. It is divided into seven sections: where to locate the store; how to organize it; what equipment is necessary; and how to obtain, look after, organize, and issue supplies. There are annexes dealing with properties and storage of some dangerous chemicals and drugs; use of a cold chain monitor; recognization of frozen DPT, DT and TT vaccines; plus a working drawing for a tablet counter, a further reading list, and an example of a temperature record. The book is profusely illustrated with clear, simple drawings, and contains many charts (e.g. storage recommendations and stability characteristics of 33 selected drugs from the WHO model list of essential drugs). (DVK)

7988 **Black, M.** *House on the hill.* New Internationalist (Oxford, UK), 95, Jan 1981, 12. Engl.

Western-style rehabilitation services that separate children from their families and communities are wrong for developing countries because they fail to accomplish the principal goal of rehabilitation, which is to enable the child to function as a normal member of society. The need for simple, cost-free therapies that can be used by family members is stressed, with an example from Ethiopia. (DP-E)

7989 **DeWolfe Miller, F.** *Brief assessment of water supply and waste disposal systems in developing countries.* Approtech (Ann Arbor, Mich.), 3(1), Jun 1980, 7-13. Engl. 25 refs.

Unsafe water supplies and unsatisfactory waste disposal systems (and the accompanying water-related diseases) afflict 25% of the world's population. This article describes recent technological alternatives for providing safe water and sanitation and points out the pitfalls of each method. The author stresses that these alternatives can be implemented mainly through the efforts of local labour using local, low cost materials and that the community, given adequate sanitary education, can maintain the systems. Illustrations, charts, and statistical data are included. (DP-E)

7990 **Eastham, G.M., Rieckmann, K.H.** *Field incubator for measuring drug susceptibility of* Plasmodium falciparum. Journal of Tropical Medicine and Hygiene (London), 84(1), Feb 1981, 37-38. Engl.

This article describes a portable, inexpensive, reliable battery-operated incubator designed specifically for use with the *in vitro* microtechnique for determining the susceptibility of *Plasmodium falciparum* to chloriquine and other antimalarial drugs, permitting such testing in remote areas. Statistical data obtained from testing the stability of the incubator temperature at various ambient temperatures are included. (Modified journal abstract)

7991 **Hoch, E.M.** *Warming a mental ward.* World Health (Geneva), Jul 1980, 28-29. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The problem of safely heating a 100-bed mental hospital in Kashmir, India, was solved by adopting a method traditionally used in the area's mosques: a furnace, fuelled and stoked from outside the building, which provides both hot water and heat for the rooms within. This paper describes the construction and operation of the furnace, an example of appropriate technology at its best. (HC-L)

7992 **Kohler, D.J.** *System for waste disposal reclaims heat.* Hospitals (Chicago, Ill.), 53(21), Nov 1979, 149-153. Engl.

The conversion of trash into useful energy now is an accepted concept and process that hospitals should consider and adapt to the specific problems and limitations in their physical plants. This article describes the methodology that was used to solve the problem of disposal of combustible solid waste generated by Bridgeport Hospital (Connecticut, USA). In this study, the energy conservation aspects became the primary justification for the project. (Modified journal abstract)

7993 **Land, T.** *Breaking the vicious bilharzia circle.* Africa (Paris), 104, Apr 1980, 92-93. Engl.

Ambrosia maratime or *damassissa*, a common weed well known in Egyptian folk medicine, produces a powerful molluscicide that could be useful in controlling the snail population that contributes to the spread of schistosomiasis in many developing countries. Under laboratory conditions, research has demonstrated that infusions of 1:1 000 part of the plant to water result in complete snail mortality. This natural toxic agent is water soluble and requires no processing, has an established place in the local ecology, and does not appear to have any harmful side effects on fish or livestock. (DP-E)

7994 **Lomax, C.A.** *Design and use of appropriate health technologies for developing countries.* Journal of Medical Engineering and Technology (London), 4(1), Jan 1980, 11-15. Engl. 18 refs.

Health care in developing countries is discussed in terms of the administrative systems (immunization, oral rehydration, etc.), medical manpower, and technologies (the intermittent icemaker, testing of cold chain equipment, a calorimeter for developing countries, etc.) which are most appropriate to the economic and cultural environment in which they will be used. Appropriate technology must be preceded by appropriate research and development and those involved in the training of overseas students should critically examine the relevance of their courses to the needs of the students. (Modified journal abstract)

7995 **Robineau, L., Wone, I., de Lacouture, H.** *Diarrhée infantile et baobab. (Infant diarrhea and baobab).* Développement et Santé (Paris), (22), 1979, 9-10. Fren.

The author presents a schematic description of the composition and utilization of the fruit of the baobab tree, commonly known as monkey-bread. Mixed with a little water and with the seeds and fibres removed, the pulp is used in treating infant diarrhea. No other liquid except rice water should be given during treatment and, if the diarrhea persists after 48 hours, more aggressive treatment should be initiated. (FM)

7996 **Royal Society, London.** *More technologies for rural health.* London, Royal Society, 1980. 186p. Engl.

Royal Society Discussion, London, UK, 1-2 Nov 1979.

These discussion papers cover various aspects of appropriate technology now available in the fields of: rural water and sanitation; agriculture and nutrition at the village level; methods, equipment, and techniques for rural health care and their evaluation; drug supplies, management, and manufacturing for local needs; and the future of rural health care. Each paper is followed by a summary of the related discussion. It is suggested in the closing paper that, in future, appropriate technologies must also be developed in the non-medical areas of energy, population growth, urbanization, and political instability. (RMB)

7997 **WHO, Geneva.** *Cold chain for vaccine conservation; recent improvements.* WHO Chronicle (Geneva), 33(10), Oct 1979, 383-386. Engl.

Also published in French, Russian, and Spanish.

More effective and less costly equipment and methods developed at WHO headquarters for maintaining the cold chain for vaccine conservation are described. These include temperature monitoring devices, portable refrigeration equipment, cold boxes and carriers, and refrigerators and icemakers for areas with poor (or no) electrical supplies. Recommendations for vaccine packaging and shipment are given and the beginnings of a training course in the cold chain is described. (DP-E)

7998 **Woodland, M., Kelly, M.** *Nurses study growth charts.* Tropical Pediatrics and Environmental Child Health (London), 25(5), Oct 1979, 139-142. Engl.

Two nurses review over 100 existing child growth charts from 43 different countries and in 6 languages. They note that medical records are for the most part designed by doctors and almost entirely used by nurses, so that often the objective of the record is not sufficiently well identified and it is not designed with the level of ability and understanding of the user in mind. Reasons why some of the charts are more appropriate are offered to provide a guide to those planners thinking of introducing a suitable growth chart in their own health care system. The authors also hope to make countries who have already introduced such charts take another look at them and reevaluate their appropriateness. (Modified journal abstract)

IV Health Workers — Training and Utilization

IV.1 Medical Personnel

IV.1.1 Professional

See also: 7712, 7717, 8039, 8063, 8166.

7999 **Black, D.P.** *Medical education in a rural health centre.* Canadian Family Physician (Willowdale, Ont.), 26, Aug 1980, 1074-1077. Engl.

Since 1965, a health centre in an isolated Newfoundland (Canada) community has been a training site for students in their 1st year, in their clinical clerkship, and in the 2nd year of the family practice residency. Responses from students at all levels have been positive. To assess if this rotation had an effect on their subsequent choice of practice, questionnaires were sent to the former students 3-9 years after their clerkship rotation. Almost all of the students subsequently went into family practice and there was a tendency for them to select small towns. A rotation of this type has real benefits for the supervising physicians and the rural community and is helping to correct the maldistribution of physicians by specialty and location of practice. (Modified journal abstract)

8000 **Blizard, P.J., Blunt, M.J., Alibazah, P., Husin, M.** *Long term effectiveness of workshops in curriculum planning and design for teaching staff in Indonesian medical schools.* Medical Education (Oxford, UK), 14(2), Mar 1980, 154-163. Engl. Refs.

A programme of basic curriculum change based on a 2-week workshop in curriculum planning and a series of follow-up activities was concurrently introduced into 10 Indonesian faculties of medicine. Within a 3-year period, almost 75% of the academic departments involved had defined a more selective curriculum based on sets of instructional (i.e., behavioural) objectives and were involved in its implementation. This paper describes the methods used to bring about these developments and the attempts that were made to develop a structure within each medical school that would localize and ensure continuity of the changes set in motion. Statistical data are included. (Modified journal abstract)

8001 **Blizard, P.J.** *Method for the development of teaching and learning strategies to go with instructional objectives.* Jakarta, Consortium of Medical Sciences Bulletin Series, No. 10, Mar 1976. 24p. Engl. 11 refs.

Concerned basically with the implementation of instructional objectives in Indonesian medical schools, this monograph examines: 1) the perspective of the student — important principles of human learning; 2) the perspective of the teacher — methods and approaches to teaching; 3) effective learning and teaching methods; and 4) a checklist of questions for teachers regarding their choice of teaching and learning methods. An appendix listing 23 commonly used methods of teaching and their appropriate objectives is included. (EB)

8002 **Blizard, P.J.** *Method for developing departmental objectives for faculties of medicine in Indonesia.* Jakarta, Consortium of Medical Sciences Bulletin Series, No. 8, Jan 1976, 19p. Engl.

This document focuses on the rationale and construction of departmental objectives in medical schools (DOs) by examining the following: reasons and purposes for developing DOs, how DOs are constructed and what criteria should be used, and some problems and possible solutions. Two illustrative sets of DOs, in medical microbiology and pediatrics, and some examples of common boundaries between subjects in the undergraduate medical curriculum are presented. (EB)

8003 **Donoso Infante, A.** *Atención primaria en salud y educación médica. (Primary health care and medical education).* Revista Médica de Chile (Santiago), 109(1), Jan 1981, 83-90. Span. 40 refs.

Training in a teaching hospital by a staff devoid of general practitioners does little to prepare the physician, either generalist or specialist, to deal with prevailing health problems. This paper discusses efforts by the medical faculty of the University of Chile to rectify this situation. These have included defining the level of proficiency (primary, secondary, or teriary) required by each specialty *vis-a-vis* the subjects on the curriculum and organizing a programme of regional inservice training for graduate students. (HC-L)

8004 **Kiely, J.M.** *Medical education and health care in Uganda.* Mayo Clinic Proceedings (Rochester, N.Y.), 55(10), 1980, 633-636. Engl. 17 refs.

Health care and medical education in Uganda, once the best in black Africa, have been adversely affected by the economic, political, and social upheavals in this developing country during the past decade. Crop failures, inadequate public health measures, shortage of medical equipment and essential drugs, and lack of sufficient medical school faculty have resulted in a major crisis. Substantial aid from the medical professional in developed countries will be necessary to help restore medical practice and education to a level present before the reign of Idi Amin. (Journal abstract)

8005 **Medina Lois, E.** *Tendencias y situación actual de la enseñanza de salud pública y medicina preventiva en la carrera de medicina. (Tendencies and present situation of public health and preventive medicine teaching in medical schools).* Revista Médica de Chile (Santiago), 108(10), Oct 1980, 945-955. Span. 23 refs.
Segundo Seminario de Enseñanza de Salud Pública en la Carrera de Medicina, Santiago de Chile, 28-30 Nov 1979.

This paper discusses the evolution of the teaching of public health in Chile's medical schools from the early 1950s to the present. The characteristics of the public health departments of nine medical faculties (exact title, contribution in hours to curriculum, contribution by subject to curriculum, etc.) as of 1979 are examined with the aid of 9 tables. A 10th summarizes the characteristics of medical schools and training that tend to encourage or discourage the development of a public health orientation in the student. (HC-L)

8006 **Miller, E.S.** *Graduate training of family practice residents in Israel.* Israel Journal of Medical Sciences (Jerusalem), 16(3), Mar 1980, 206-211. Engl. 25 refs.

The educational goals and implementation of Israel's residency programme in family medicine are examined. Although the syllabus is based on a sophisticated concept of comprehensive care and the teaching clinics provide ample opportunities for practical experience, the administration of the clinics discourages thorough teaching. Consequently, students fail to acquire necessary skills in interviewing techniques, gynaecology, and pediatrics. Suggestions are made regarding an educational reform of the programme that would entail the use of university departments of family practice to support regional networks of teaching clinics. (Modified journal abstract)

8007 **Ojiambo, H.P.** *Role of Department of Medicine in medicare with limited resources.* HOPE (Kisumu, Kenya), 1(1), Summer 1976, 9-13. Engl.

Kenya's pyramidal health system, with its built-in referral concept, is examined in terms of budget, personnel, preventive vs. curative medicine, and the role of the University of Nairobi's Department of Medicine. This and other medical departments must be reoriented and restructured according to grassroots principles in order to train physicians and other health workers to deal with the medical problems they will actually encounter in the field. Other issues, such as the medical facilities at provincial centres and physicians' relations with the general public, are also discussed. (DP-E)

8008 **Saminathan, R.** *Multidiscipline laboratories of the University of Malaya Faculty of Medicine.* Medical Education (Oxford, UK), 14(5), Oct 1980, 336-340. Engl.

The multidiscipline laboratories (MDLs) of the University of Malaya (Kuala Lumpur, Malaysia) are a significant feature in the Faculty of Medicine, providing facilities for a number of activities within the teaching curriculum. They are the 1st in the eastern hemisphere and are gaining popularity in that part of the world. This article discusses the experience with these facilities in relation to design, uses, organization, staff requirements, student usage, and space problems. The author feels that the MDLs provide adequate knowledge and skill to promote habits of self-education, bringing out the best in the students. (Modified journal abstract)

8009 **Shann, F.** *Port Moresby or the bush?* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(3), Sep 1979, 170-176. Engl.

After examining causes of death in Papua New Guinea, especially in rural areas, the author points out that that country's high mortality is due not to rare or untreatable diseases but to the failure of doctors to deliver health services to the rural villages. He recommends that nationally-trained physicians should receive better instruction in public health and proposes changes to the medical curriculum; he also suggests that more attention be given to the training and deployment of auxiliaries such as village health aides and aid post orderlies. (DP-E)

IV.1.2 Auxiliary

See also: 7706, 7709, 7768, 7950, 8065, 8085, 8087, 8095, 8100, 8102, 8103, 8142.

8010 **Brennan, S.** *Community health in the Guatemalan highlands.* Journal of Practical Nursing (New York), 30(8), Aug 1980, 26-28. Engl.

About 15 years ago, missionaries from Spokane, Washington (USA) established three health clinics in the Guatemalan highlands. Among their programmes is a network of rural health promoters, local people selected by the village (when the village will cooperate). The training, varied duties, and supervision of the health promoters are described. This individual must often overcome rigid beliefs and practices in attempting to involve the community in the improvement of health care. While much has been accomplished, the greatest strides will be made only when the Guatemalan Indians achieve a better economic status. (DP-E)

8011 **Elise, R.** *Health aides of Madagascar.* World Health (Geneva), Oct 1980, 4-7. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

A health aide in a Madagascar village is interviewed. She describes her normal activities, notes the acceptance of the health centre in the village, talks about the most common problems she encounters, and relates a particularly difficult case with which she had to deal. She cites health education as her most exacting task but mentions the success she has had in nutrition education. Finally, she suggests that refresher courses and training in human relations would make the health aides more effective. (DP-E)

8012 **Fendall, N.R.** *Training and management for primary health care.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 97-109. Engl. 11 refs.

This paper addresses the problems associated with the selection, training, supervision, and evaluation of primary health care workers within a system defined as embracing "all those health measures that are required to be rendered to a family outside the hospital." Particular emphasis is placed on that critical bottleneck in the training of primary care workers: the complete dearth of teachers trained for the purpose. (HC-L)

8013 **Gibson, D.** *Eye hospital.* World Health (Geneva), Jul 1980, 16-19. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Khartoum Eye Hospital, the Sudan, expends 80% of its effort on training professional, technical, and auxiliary staff for deployment in eye departments throughout the country. Of particular importance are the ophthalmic medical assistants (OMAs) — qualified and experienced nurses who have completed a 2-year course that enables them to diagnose and treat endemic eye diseases. Working out of district hospitals or school health services, they bring eye care and blindness prevention into the most remote parts of the Sudan. This paper briefly describes the various personnel trained at the hospital (OMAs, optometrists, ophthalmic operating theatre attendants, and ophthalmic nurses) and some of the special features of the hospital itself. (HC-L)

8014 **Hoskins, A.** *Course for PHWs, Al Jabin; 3rd, 4th, 5th November 1981, at Al Jabin Health Centre.* Sanaa, Yemen, British Organization for Community Development, Nov 1981. 6p. Engl.
Unpublished document.

A 3-day training course for assessing and strengthening the knowledge of primary health workers (PHWs) in Al Jabin, Yemen, is described. In addition to taking and discussing the results of written tests, the PHWs demonstrated their abilities in the areas of bandaging, dressing burns, and cleaning wounds, while their instructors gave brief lessons stressing the importance of communications and teaching and the Road to Health cards. One of the instructors briefly evaluates the course. (DP-E)

8015 **Humphries, S.V.** *Role of the doctor and medical assistant, part I.* Central African Journal of Medicine (Salisbury), 25(11), Nov 1979, 251-253. Engl.
See also entry 7742.

The author stresses the need for developing countries to concentrate their health resources on preventive medicine and public health rather than on curative medicine, which emphasizes the physician as the main provider of care. The example is given of the Belgian Congo, where native Africans were trained in five categories: medical assistant, infirmier, aide-infirmier, garde sanitaire, and aide-accoucheuse. The training of these auxiliaries to 1939 is briefly described. (DP-E)

8016 **Indonesia, Ministry of Health.** *Development plan for primary health nurse training programme.* Jakarta, Ministry of Health, Dec 1975. 1v. (unpaged). Engl.

As part of its programme for social and economic development, the Indonesian government has established policies designed to improve the provision of health services, especially in rural areas. This monograph deals mainly with one element of the programme, the training of primary health nurses. The introductory chapter provides a background to the country's health problems. Chapter 2 discusses the objectives of the training programme, while alternative strategies are considered in chapter 3. Chapter 4 deals in detail with the training programme itself. Copious statistical data and charts are included. (DP-E)

8017 **Lisowski, F.P.** *Emergence and development of the barefoot doctor in China.* Journal of the Japanese Society of Medical History (Tokyo), 25, 1979, 339-392. Engl. Refs.

The development and role of the barefoot doctor is traced within the context of the health services of the People's Republic of China. By definition, a barefoot doctor is a peasant who has received some months of basic medical training and treats patients at the work site, spending about 35% of his or her time on health activities. The scope of these activities is described and suggestions are made for adapting this type of health worker to other developing countries. In addition to statistical data, included are appendices containing a summary of a training manual, a bibliography, and personal notes. (DP-E)

8018 **McCusker, J.** *Training in epidemiology for medical assistants in developing countries.* International Journal of Epidemiology (Oxford, UK), 10(1), 1981, 63-67. Engl. 11 refs.

The role of the medical assistant (MA) in developing countries is reviewed, with special reference to East Africa and, in particular, Tanzania. The development of training objectives in epidemiology is also described. The author reports on a project based upon these training objectives, that has attempted to develop, field-test, and evaluate a set of training materials in epidemiology for MA students in East Africa. In general, these materials appear acceptable and appropriate both to students and teachers. The need is stressed for long-term evaluation of this approach. (Modified journal abstract)

8019 **Quinton, D.J., McClurkan, S.A.** *Not a nurse, not a doctor: establishing the role of community health advocate in an urban Indian clinic.* Springfield, Va., National Technical Information Service, 1979. 6p. Engl.

The development of the role of a community health advocate in community clinics serving low income and minority clients is described. A physician assistant training programme at the University of Washington (USA) developed a curriculum for community health advocacy that included medical screening for common problems, interviewing and counselling skills, and prevention and self-care education. Comparison of two Indian health advocates, one rural and one urban, revealed that the role of the former was considerably expanded after training. Lack of staff acceptance and administrative support are identified as obstacles to expansion of community advocacy roles. (Modified journal abstract)

8020 **Reame, N.E.** *Nursing in Hong Kong: roadblocks to an expanded role?* Michigan Nurse (East Lansing, Mich), 53(9), Oct 1980, 20-21. Engl.
Reasons why Hong Kong nurses are still politically, economically, and professionally oppressed are examined. Because of the high physician:patient ratios in Hong Kong, due largely to the influx of refugee doctors and the high number of female physicians, nurses are not required to undertake the family planning activities carried out by many of their Southeast Asian counterparts. Protests by Hong Kong nurses, who work 66 hours a week, are actively discouraged by the government. The author points out that it remains to be seen what effect the resurgence of traditional medicine will have on nursing. (DP-E)

8021 **Taba, A.H.** *Tapping the human resources.* World Health (Geneva), Oct 1980, 12-14. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.
Shortage and poor distribution of health manpower are common problems in developing countries. In attempting to solve these problems, the Institute of Health Manpower Development in Aden (People's Democratic Republic of Yemen) is providing a comprehensive and relevant training programme for the different categories of paramedical and auxiliary personnel who are needed to implement the government's national health programme. Students are selected from across the country and the facility continues to expand. The country is thus setting an excellent example of an integrated approach to health services and manpower development — a priority subject in WHO's collaborative programmes. (DP-E)

8022 **Tornero, N.** *Emprego de auxiliares de saúde em áreas em desenvolvimento: breve histórico. (Use of auxiliary health personnel in developing areas; a brief history).* Revista de Saúde Pública (São Paulo), 13(3), Sep 1979, 254-261. Portuguese. 12 refs.
This paper reviews the history of the deployment of auxiliary health workers in the USSR (feldshers), Africa, and Asia, pointing out some innovative aspects of their use in the People's Republic of China. The intimate relationship between the utilization of auxiliaries and the politics of the time is stressed. (HC-L)

8023 **Tulloch, E.E.** *Expanded role of the nurse in the Caribbean.* International Nursing Review (Geneva), 27(5), Sep-Oct 1980, 144-145. Engl.
The team approach is advocated as a replacement for traditional, compartmentalized systems of health administration in the Caribbean and the nurse is suggested as the logical team coordinator and leader. The nurse's curriculum must be modified to prepare her for this new role and methodologies must be developed for evaluating the nurse at all levels. Nurses must also be represented on decision-making bodies that determine health policy. (DP-E)

8024 **Walt, G., Smith, P.A.** *From the classroom to the community: teaching primary health workers.* Journal of Tropical Medicine and Hygiene (London), 83(4), Aug 1980, 161-164. Engl. 11 refs.
In a 1978 study, 43 students training as medical assistants in Mozambique conducted interviews on the aetiology of disease and the causes and treatment of mental illness as part of their community health practice. The main objective of this study was to broaden the experience of the students, who were all members of the urban elite, by teaching them that health activities carried out without regard to cultural beliefs and attitudes are ineffective. Exercises such as this promote the harmonious coexistence of traditional and modern medicines, a goal generally acknowledged as desirable. (DP-E)

IV.2 Nursing Personnel

IV.2.1 Professional

See also: 7712, 7764, 8096, 8098, 8101, 8143, 8354.

8025 **Duncan, M.O., Gear, J.S.** *Training the primary health care nurse; the Baragwanath experience.* South African Medical Journal (Cape Town), 58(5), 2 Aug 1980, 207-210. Engl.
The authors describe a training programme offered at Baragwanath Hospital, Johannesburg, South Africa, for primary health care nurses involved in caring for adult patients. After careful screening by senior nursing personnel, the chosen candidates begin an in-service programme lasting approximately 5 months. Ideally, groups are limited to 6 or 7 nurses under the full-time guidance of a general practitioner. Basic skills are improved and nurses are encouraged to develop diagnostic abilities. Instruction in patient management includes drug treatment and lifestyle advice. Periodic written tests and evaluation of clinical competence by outside doctors monitor student progress. Only when the supervisory doctor is satisfied of a nurse's competence is she assigned to a clinic where regular evaluations are made and ongoing training provided. (FM)

8026 **Erasmus, C.A.** *Future of community health nursing.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 10-15. Engl.
The community health nurse plays a vital role in the delivery of health services in South Africa. After describing the extensive course leading to the Diploma in Community Health Nursing Science, the author discussed the many functions that these nurses can and often must

fulfill: school health nurse, district nurse, occupational health nurse, community nursing administrator, community nursing supervisor, community nursing staff member (as part of a health team), and community health nursing practitioner (alone in a clinic). A model for comprehensive health services in an independent Black state and a model for the Republic of South Africa are given. (DP-E)

8027 **Ireland, J.D., Power, D.J.** *Paediatric primary care clinical nurse in South Africa — at the crossroads of progress.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 33-39. Engl.

For many reasons, nurses in South Africa must perform tasks traditionally performed by doctors. This article describes the selection and training of candidates for the Advanced Paediatric Clinical Nurse (APCN) course and assesses their performance. The APCN has been well accepted and has adapted quickly to her new role, exhibiting a high level of competence and ability. Yet because of problems with official recognition, prescribing and issuing of medications, salary scales, etc., widespread application of the course has not occurred. The authors feel that rapid intervention is needed if the tremendous potential of this programme is to be realized. (DP-E)

8028 **Kierini, E.M.** *Community nursing in developing countries.* Australian Nurses Journal (Port Adelaide, Australia), 9(7), Feb 1980, 33-34, 38. Engl.

In many developing countries, the multiple roles of the community health nurse — teacher, client advocate, community health planner, researcher, leader, provider of direct and indirect nursing service, cooperator with other health workers, and controller of disease — have not all been satisfactorily fulfilled. Nurses must examine and discuss their roles critically and make some changes in the education of the community health nurse in both content and methods. Also, taking health care to the community is a challenge for all health workers and should be approached with a team spirit. (Modified journal abstract)

8029 **Koch, R.M., Nakaye Oka, L.** *Processo de enfermagem — avaliação feita pelos alunos do departamento de enfermagem da UCP. (Nursing process — evaluation by students of the Department of Nursing of the UCP (Catholic University of Paraná)).* Revista Brasileira de Enfermagem (Rio de Janeiro, Brazil), 30(3), Jul-Sep 1977, 274-285. Portuguese.

Segunda Jornada Paranaense de Enfermagem, Curitiba, Brazil, May 1977.

In 1975, the *Departamento de Enfermagem da Universidade Católica do Paraná*, Brazil, introduced its students to the nursing process: a method whereby a standardized case history questionnaire is used as the basis for diagnosing a patient's nursing needs, planning a course of action, etc. This paper presents the students' evaluation of each component of the process; the case history questionnaire is appended. (HC-L)

8030 **Kutait, K., Busby, D.** *New health practitioners and Arkansas.* Journal of the Arkansas Medical Society (Fort Smith, Ark.), 76(9), Feb 1980, 353-360. Engl. 28 refs.

After tracing the history and describing the training of the nurse practitioner (NP) in the southeastern USA (with particular reference to the state of Arkansas), the author cites a number of studies indicating the poor acceptance of the NP by physicians and by the public. He also examines various actions by government bodies affecting the role of the NP. He concludes that, in view of the declining birth rates and the increase in medical school enrollment, the role of the NP in the future is uncertain and that more study is required on the utilization of 'new health practitioners'. Statistical data are included. (DP-E)

8031 **Muller, O.H., Smit, J.J.** *Nursing contributors to health services of the black states.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 51-53. Engl.

This article traces the history and current organization of Western-style medical services in the black states of South Africa and examines the role of the nurse in these services. The rapid increase in the number of black registered nurses has been an important factor in the acceptance of Western medicine by blacks. The nurse must take on many and varied tasks because of the shortage of other health personnel. Finally, the future of health services in a turbulent country is briefly considered. (DP-E)

8032 **Nogueira, M.J.** *Experiência com consultas de enfermagem para crianças. (Experience as a nursing consultant for children).* Revista Brasileira de Enfermagem (Rio de Janeiro, Brazil), 30(3), Jul-Sep 1977, 294-306. Portuguese.

As part of their field work, students from the public health section of the *Escola de Enfermagem*, São Paulo, Brazil, participated in a child health programme in two health centres during two separate 2-month periods. Each student was assigned a number of apparently healthy children aged 0-4 years and charged with carrying out these tasks: a detailed interview with the child's mother soliciting data on socioeconomic conditions, feeding and hygienic practices, health concerns, etc.; physical examination of the child; and follow-up visits as required. This paper describes the study methodology and results. Interview and examination schedules are appended. (HC-L)

8033 **Peña Campos, F. de M., Puente Iriarte, A.** *Formación de personal de enfermería para la atención de salud a la comunidad. (Training of nursing personnel for community health care).* Educación Médica y Salud (Washington, D.C.), 14(1), 1980, 41-54. Span. 9 refs.

Peru's professional baccalaureate in nursing aims to produce multipurpose primary health workers whose general, but clearly-defined training, is geared to the needs of the communities they will serve, i.e., rural and marginal urban populations. This paper describes the philosophy, development, and special features of the programme, which has been producing graduates at the rate of 50-90 per year since 1975. (HC-L)

8034 **Rendano, A.M.** *Grupo de trabalho sobre padrões mínimos de assistência de enfermagem à comunidade. (Working group on minimum standards for community health nursing).* Revista Brasileira de Enfermagem (Rio de Janeiro, Brazil), 30(3), Jul-Sep 1977, 339-344. Portuguese.
Grupo de Trabalho sobre Padrões Mínimos de Assistência de Enfermagem á Comunidade, Brazilia, Brazil, 20 Jun-1 Jul 1980.

A group of 26 nurses with experience in public health, administration, and/or teaching met in Brasilia, Brazil between 20 June-1 July 1977 in order to develop minimum standards of community health nursing and to define appropriate strategies for their implementation at the local, regional, and central levels. Standards and strategies are briefly outlined and an example of each is given. (HC-L)

8035 **Roberts, D.E.** *Enfermería de salud de la comunidad: conceptos y estrategias. (Community health nursing: concepts and strategies).* Educación Médica y Salud (Washington, D.C.), 14(1), 1980, 1-22. Span. 10 refs.

This paper examines strategies whereby community nurses can contribute to improved community health and the extension of health services coverage and suggests some modifications in training to better prepare them for this role. (HC-L)

8036 **Schreiber, L.A.** *Extended role of the nurse.* South African Medical Journal (Cape Town), 59(9), 29 Aug 1979, 351-354. Engl.

With 5% of doctors practicing in rural areas where over 50% of the population resides, the South African nurse must continue to play an extended role in health services. The author argues that certain changes are necessary if nurses are to be effectively employed. She recommends new recruitment programmes and, after describing the nurses' present training course, proposes revised educational schemes. She also advocates legislative changes to allow the nurses more freedom of action. Finally, she points out the economic advantages of employing nurses and suggests that in many cases nurses are more acceptable to patients. (DP-E)

8037 **Thomas, A.** *Multi-purpose worker scheme: nurses' place in the health care system.* Nursing Journal of India (New Delhi), 71(5), May 1980, 121-124, 136. Engl.

The author briefly traces the history of modern health services in India and examines the factors that led to the switch from a variety of unipurpose health workers to multipurpose workers who could perform a variety of tasks. Since the principal multipurpose worker is the auxiliary nurse-midwife (ANM), professional nurses are urged to support, guide, supervise, and advise the ANM and to fulfill a number of related functions at different levels of the health service. (DP-E)

IV.2.2 Auxiliary

See also: 8015, 8037, 8049.

8038 **Meyer, A.T.** *Formación del personal auxiliar. (Auxiliary staff training).* Educación Médica y Salud (Washington, D.C.), 14(1), 1980, 95-107. Span.

It has been calculated that in Latin America some 310 000 nurse auxiliaries provide approximately 80% of all direct patient care and that over 50% of them receive no more than on-the-job training. This paper discusses the important role that properly trained, deployed, and supervised nurse auxiliaries can play in a health care delivery system and suggests some strategies that countries can adopt to ensure the optimal utilization of this member of the health team. (HC-L)

IV.3 Midwives and Family Planning Workers

IV.3.1 Professional

See also: 8092, 8354.

8039 **Larsen, J.V.** *Medical surveillance of the work of the clinic-based midwife.* Curationis (Pretoria, South Africa), 2(2), Sep 1979, 49-51. Engl.

South Africa's comprehensive health programme is based upon the concept of a base hospital linked with peripheral clinics staffed by nurse-midwives. This paper describes the role of the hospital-based doctor and the clinic nurse-midwife within the programme and outlines five surveillance techniques for ensuring its smooth operation. (HC-L)

IV.3.2 Auxiliary

See also: 7959, 8092, 8102.

8040 **Gaber Mahoney, M.** *Afghanistan: health care against all odds.* Salubritas (Washington, D.C.), 5(2), Apr 1981, 1-2. Engl.

The state of health in isolated, rural areas of Afghanistan ranks among the worst in the world; it is especially grave for women, who are prevented by tradition from receiving medical attention from male health workers. This article describes the efforts of the National Dai Training Program to overcome this problem by instituting training programmes for the many traditional birth attendants in these areas. This group encountered, and finally overcame, opposition from the national government, established health care personnel, and village elders and religious leaders and by the end of 1978 had cause to be optimistic about the results of the programme. (DP-E)

8041 **Petersen, K.J.** *Notes on traditional midwives as primary practitioners in modern maternity systems: attending to ground truth.* Approtech (Ann

Arbor, Mich.), 3(1), Jun 1980, 13-15. Engl. 12 refs.

This article argues that, while a shortage of personnel makes it necessary to incorporate traditional midwives into the pyramid of maternity personnel, the current practice of teaching them modern birthing techniques does not take full advantage of their potential. They should instead be taught to recognize cases that require more than traditional birthing techniques and to refer these cases to the proper facility. The author supports this view with examples of midwifery practices in Ghana that indicate that differing concepts make technology transfer hazardous. Further, traditional midwives have always had a rudimentary referral system, and the clinic or hospital is merely another level in this already established system. (DP-E)

8042 **Population Reports, Baltimore, Md.** *Traditional midwives and family planning.* Population Reports (Baltimore, Md.), 8(3), May 1980, Series J, No. 22, J437-J489. Engl.

This paper presents an overview of the role and characteristics of the traditional birth attendant (TBA) throughout the world and of attempts, to date, to involve her in family planning activities. Programmes in Asia, the Middle East, Africa, and Latin America are discussed separately and a number of issues related to the TBA's work in family planning (types of services she provides, training, supervision, remuneration, etc.) are brought to light. A 780-item bibliography on the subject, plus lists of organizations involved with TBAs and audiovisual materials for or about TBAs, are included. (HC-L)

8043 **Rosser, J.** *Course for the Al Jabin local birth attendants.* Sanaa, Yemen, British Organization for Community Development, Aug 1981. 22p. Engl.

From August 11-20, 1981, all 10 local birth attendants at Al Jabim (Raymah, Yemen) attended a local training course. This paper presents the course, which consisted of 12 lessons, and assesses the outcome of each lesson. In general, the course went well; some important gaps in knowledge were filled, some useful drugs given out. The midwives concentrated well and developed a responsible attitude to their work. The success of one of the birth attendants as a teacher and leader is noted. (DP-E)

8044 **WHO, Geneva.** *Traditional birth attendants; an annotated bibliography on their training, utilization and evalution. Supplement 1.* Geneva, WHO, 1981. 37p. Engl.

See also entry 6308 (volume 10).

This supplement is part of a continuing effort by WHO to identify, compile, synthesize, and disseminate information on significant developments throughout the world in the area of traditional birth attendant (TBA) activities. In addition to author, geographical, and subject indices, the 62-item annotated bibliography contains a directory of addresses of publishers and institutions and a list of titles used to designate TBAs in various countries. (HC-L)

8045 **WHO, Geneva.** *Training traditional birth attendants for an extended role in primary health care.* WHO Chronicle (Geneva), 34(7/8), Jul-Aug 1980, 316-317. Engl.

Also published in French, Russian, and Spanish.

Traditional birth attendants (TBAs) are a major manpower resource for maternal child health care in developing countries and have considerable influence on the health practices and habits of rural populations. This situation will continue as long as there is a shortage of trained professional health personnel. In view of this, an Interregional Consultation on Traditional Birth Attendants was convened by WHO in Mexico City in December 1979 in order to critically examine the issues related to the more systematic utilization of TBAs in primary health care. This article points out the many obstacles (none insurmountable) that may hinder the realization of this goal and discusses the issues that should be considered in the training of the TBAs. (DP-E)

IV.4 Dental Personnel

IV.4.1 Professional

8046 **Ahlberg, J.E.** *Développer la dentistèrie en Afrique — un secteur privilégié de la coopération/ Dentistry in Africa — a case for cooperation.* Tropical Dental Journal (Dakar), 3(1), 1980, 27-32. Engl., Fren.

The current state of dental health in Africa is characterized by a proliferation of caries against a background of totally insufficient dental resources. The International Dental Federation hopes to help alleviate the situation by assisting interested dentists from the industrialized countries to find work in the developing world, promoting international exchanges of teachers in dentistry, supporting the manufacture and sale of equipment appropriate for use in primitive surroundings, and providing a forum for contacts between dental leaders in the industrialized and developing countries. (HC-L)

8047 **Akinosi, J.O.** *Epidemiological and other methodology for the study of oral health.* Odontostomatologie Tropicale (Dakar), 2(5), Feb 1979, 19-23. Engl.

Since the planning of dental health services depends on the possession of accurate working data, every African dentist should be a researcher while carrying out his or her normal duties. Dental records must be accurate and conform to an international format capable of interpretation and utilization by other workers. Dentists should appreciate the need and value of publication of their findings to ensure a reservoir of knowledge on oral health in their regions. Systematic surveys should be conducted by individuals, groups, and institutions (including the governments of the region). (Modified journal abstract)

8048 **Barnard, P.D.** *Providers of dental services.* Australian Dental Journal (Sydney), 26(1), Feb 1981, 18-24. Engl.

This paper discusses the changes since 1961 in the Australian dental workforce, with the aim of presenting in broad perspective long-term trends in the numbers, distribution, and employment of dental personnel. It outlines the increase in dentist:population ratios, the trend in enrolments in Australian universities, the types and numbers of self-employed specialists, the impact of dentists from overseas, and the increase in dental auxiliaries. The author stresses the urgent need for coordination of relevant registration authorities through national schedules and for information gathering on the dispositions of the Australian dental workforce to enable continuing evaluation of present and future workforce requirements. Statistical data are included. (EB)

IV.4.2 Auxiliary

See also: 8048.

8049 *Ganesis, S.* *Program for dental nurses in Singapore.* Dental Hygiene (Chicago, Ill.), 53(2), Feb 1979, 79-80. Engl.

Since 1962, Singapore's School for Dental Nurses has annually trained 25 dental nurses to serve the communal needs of children aged 6-12 years. The training course lasts 2 years and 3 months followed by 9 months of field training under the direct supervision of a dental officer. Students are selected from among qualified high school graduates and are guaranteed jobs when their training is completed. The activities of dental nurses in Singapore are briefly described. (DP-E)

IV.5 Laboratory and X-ray Technicians

8050 **Brown, S.S.** *Laboratory support for rural health care.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 119-128. Engl. Refs.

Auxiliary health workers in developing countries can assist in routine surveillance, establishing priorities of care, and systematizing referrals by performing simple screening tests, particularly those that measure weight, temperature, and haemoglobin. Other useful rural laboratory investigations include sputum examination, urine microscopy, and tests for protein and sugar. Human and technological factors that influence the operation of rural laboratories are identified and discussed, with emphasis on training and appropriate technology. (DP-E)

IV.7 Occupational and Physical Therapists

8051 **Fernando, T., Mendis, P.** *Community field training programme for students of physiotherapy and occupational therapy in Sri Lanka.* Physiotherapy (London), 66(1), Jan 1980, 14-15. Engl.

In recognition of the need for Sri Lankan students of occupational and physical therapy to teach patients to function in the home, a field training programme was introduced in 1977. One morning a week for 12 weeks the students visited patients either at home or at an institution for crippled children and collected health data, conducted physical examinations, set up rehabilitation and environmental health activities identified and treated social problems, and made the families aware of available health services. Student response to the programme was enthusiastic. (DP-E)

IV.8 Health Educators

See also: 8104.

8052 **Bartolome, O.C.** *Integrated health programs/community aide training.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 4[illegible]-53. Engl.

For complete document see entry 7983.

The National Rural Life Center, near Manila, the Philippines, was started to resettle squatters from that area. One of the major objectives of the centre is to improve the nutritional status of the member families. To accomplish this goal, local leaders volunteer and are trained as nutrition instructors. The instructors work with 3-5 families on a one-to-one basis in small groups and classes. Their teaching methods are described. (Modified journal abstract)

8053 **Pellerin, A.** *Some challenging techniques for training auxiliary nutritionists for the Ministry of Health of the Republic of Haiti.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 54-66. Engl.

For complete document see entry 7983.

Haiti is a developing country with a rapidly expanding population and many health and nutrition problems. Because of these many problems, the need for middle level nutritionists has become acute. The training of auxiliary nutritionists was started in 1974, with 20 people already working in the different health sectors of the country. The 2nd training course was held in 1976, based on the 1st course, but modified to better fit the needs of the country and to be more effective in general. This paper describes the course, how the auxiliaries are chosen, and the training they receive. (Modified journal abstract)

8054 **Rohde, J.E., Ismail, D., Sadjimin, T., Suyudi, A., Tugerin** *Training course for village nutrition programs.* Journal of Tropical Pediatrics (Kampala), 25(4), Aug 1979, 83-96. Engl. 9 refs.

The aims and objectives, selection and preparation of students, syllabus, and field and classroom activities of an Indonesian training course for teachers of workers in village nutrition programmes are described in detail. The course content included nutrition, anthropometry, the organization of a village weighing programme, supplementary feeding, nutritional first aid, simple curative health services, home gardening, and management. The complete class schedule, including lesson plans, is presented. (DP-E)

IV.9 Teaching Aids

IV.9.1 Health Care, Nutrition, and Disease Control

See also: 8017, 8018.

8055 **Abrahamsson, L., Velarde, N.** *Food classification system for developing countries.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 113-123. Engl. 9 refs.
For complete document see entry 7983.

Nutrition education almost always involves some form of food grouping. Many of the food grouping systems that have been used reflect the bias of their originators and are not easily adapted for use in developing countries. The system presented here is, hopefully, flexible enough to reflect local realities. Foods are classified into four groups: the staples, plus three other groups that supplement the 1st. They are all presented in a square to emphasize that each group has equal importance and cannot stand on its own. (Modified journal abstract)

8056 **Allison, E.J.** *Mass media approaches to nutrition education in developing countries.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 97-104. Engl.
For complete document see entry 7983.

As part of a community development project in Malawi, a Peace Corps volunteer in a maternal child health clinic composed 16 health-related songs that were so popular that they eventually reached the national hit parade. The volunteer ended his stint in the country with a travelling rock 'n' roll health show. It is concluded that health education jingles and specific nutrition education jingles can be used both at the clinic/village level and at the national mass media level to catalyze nutrition education and information. The songs and the messages need not be slick or polished, but rather simple, easily understood, and repetitious. A sample song is included. (DP-E)

8057 **Beyda, V.** *Conquering xerophthalmia — a program to protect preschool children of the developing world.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 124-133. Engl.
For complete document see entry 7983.

Helen Keller International has developed 10 teaching aids designed to improve the ability of health workers to diagnose vitamin A deficiency, which now causes blindness in an estimated 100 000 children per year. The aids include slides, photographs, film strips, drawings, reference material, a flip chart, a film, a training manual, and a poster outlining a xerophthalmia treatment schedule; they and the methods used to field-test them are described. The need to adapt the aids to local conditions is stressed. (DP-E)

8058 **Burrowes, R., Meyer, J.** *Small water project training module; course description, course outline and lesson plans.* Sanaa, Yemen, American Save the Children, Feb 1981. 1v. (various pagings). Engl.
Unpublished document.

This training module on the design, financing, and construction of small, non-pump projects was originally developed for use in a training course conducted by American Save the Children/Yemen in Sanaa (Yemen) in December 1980. The version of the module contained in this document represents major revision of the one used in that course. The module consists of a description of the approach of the course, a course outline, and a set of lesson plans. The course outline is divided into units whose content and sequence parallel the steps in the project process. The lesson plans break these units into goals and suggest procedures for achieving these goals. Two texts, from which the substantive content of the course are derived, are recommended. (Modified journal abstract)

8059 **Chacko, G.K.** *Health handbook; an international reference on care and cure.* Amsterdam, North-Holland Publishing, 1979. 1104p. Engl. Refs.

Written for those concerned with health care and curative medicine, this handbook contains data on various aspects of care and cure from the USA, USSR, Europe, Africa, Asia, Australia, and the Middle East. It is organized into five volumes, each introduced by a schematic and detailed table of contents. Volume 1 treats global, national, and regional environmental management for improved health services; volume 2 concerns the national organization of health services; volume 3 discusses the diagnostic ability of the computer in decision-making (blood inventory, management, manpower, and menu planning in hospitals, etc.); volume 4 focuses upon the education and utilization of health manpower; and volume 5 concludes with a discussion of health indicators and how well the current health systems function — physician utilization, hospital costs, etc. Statistical data are included. (AF)

8060 **Chandrasekhar, U., Rajalakshmi, R., Devadas, R.P.** *Developing a nutrition education primer for adult literacy.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(4), Apr 1980, 117-122. Engl.

In an effort to combine nutrition education and adult literacy programmes, a nutrition education primer was developed and tested on 22 village women in a rural Indian setting. After 48 classes had been held over 3 months, the students' ability to read, write, and comprehend the lessons was evaluated. Despite the fact that some of the vocabulary used in the primer was incomprehensible to the students, their overall knowledge about nutrition was found to have greatly increased. Statistical data are included. (DP-E)

8061 **Chasse, J.D.** *Economic appraisal of health projects in the Third World.* USA, Department of Health, Education and Welfare, n.d., 1v. (unpaged). Engl. Refs.

In addition to describing project analysis techniques, this handbook attempts to train the planner to use them correctly. Separate chapters cover basic ideas and definitions, the estimation of financial and social costs, the projection function problem, placing a social value on outcomes, and the role of project analysis. Statistical data are included. (RMB)

8062 **CHILD-to-child Programme, London.** *Stories for children.* CHILD-to-child Programme Newsletter (London), 3, n.d., 1-2. Engl.

Ten readers with health themes have been produced for elementary school children aged 9-12 years with a view to helping them to develop their language skills and motivating them to improve health and development of their younger brothers and sisters and of their local communities. Subjects covered include water hygiene, oral rehydration for diarrhea, accident prevention, nutrition, and care of the eyes and teeth. The readers are to be published in English, for use in Africa and the Caribbean; later, it is hoped, they will be translated and adapted for use in other cultures. (HC-L)

8063 **Cuevas López, G.** *Criterios para la selección de medios de enseñanza. (Criteria for selecting teaching aids).* Revista Cubana de Administración de Salud (Havana), 6(4), Oct-Dec 1980, 323-327. Span.

Selection of an appropriate teaching aid involves: defining the objectives and content of the matter to be taught; deciding whether pictures, colour, and/or motion are needed to convey the necessary information; and choosing the method that will meet these requirements at lowest cost. This paper illustrates the process using an item from the medical curriculum as an example. (HC-L)

8064 **Cutting, W.A.** *Management of diarrhoea in children at the primary care or peripheral level.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59(3), 1979, 221-235. Engl. Refs.

The management of individual cases of diarrhea is described in terms of the five Ds: dehydration, diet, disaccharidase deficiency, diagnosis, and drugs. With the help of illustrations and tables, simple instructions are given in each of the above areas, including alternative methods suitable for a variety of field conditions. A section on the organization of a diarrhea disease control service covers administrative organization, supplies, and health education. (DP-E)

8065 **Durham, A.M.** *PARTNERS; magazine for paramedical workers in leprosy.* London, PARTNERS. Engl.

Also published in French.

Partners is an irregularly-published journal for leprosy workers available in English, French, and Hindi from local agencies in many developing countries. A typical issue contains articles on leprosy-related conditions such as nerve damage, prevention, and curative and treatment measures such as plaster casts. Regular features include an editorial, a health education section, and a glossary of leprosy terminology. Many articles contain illustrations and photographs. (DP-E)

8066 **Essex, B.** *New approach to decision making in primary health care.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 89-96. Engl.

WHO has designed a number of flow charts to assist village health workers to identify and manage physical and mental illnesses under optimal and sub-optimal conditions. One advantage of the system is that it defines diseases in terms of a specific combination of observations and thus overcomes the linguistic difficulty of translating Western disease names into other languages. This paper describes the development of a flow chart and presents as an example an action-oriented death record system for recording preventable causes of death in children aged less than 5 years. The record is currently undergoing field testing in India and Mexico. (HC-L)

8067 **Food and Nutrition Research Institute, National Science and Technology Authority, Manila.** *Menu guide for metropolitan Manila, region IV.* Manila, Food and Nutrition Research Institute, National Science and Technology Authority, Apr 1982. 8p. Engl.

This brochure, prepared for the Philippine Nutrition Program, is intended primarily for use by professional groups and/or community workers and home management technicians, but would be of interest to anyone involved in nutrition work. It presents a menu guide in chart form, a daily market order guide for a family of six, and recipes using foods commonly found in metropolitan Manila that are recommended in the menu guide. (DVK)

8068 **Food and Nutrition Research Institute, National Science and Technology Authority, Manila.** *How much do you know about food and nutrition: find out?* Manila, Food and Nutrition Research Institute, National Science and Technology Authority, Jul 1982. 12p. Engl.

This brochure, produced for the Philippine Nutrition Program, aims at dispelling some major misconceptions about food and nutrition in the Philippines. It uses the 'true or false' method, listing popular beliefs and then supplying the correct answers with short explanations. It also provides a list of organizations to contact for more information, tips on good nutrition, and a dietary food plan. (DVK)

8069 **Garantin, M.C.** *Prévention de l'escarre. (Prevention of bed sores).* Développement et Santé (Paris), (31), 1980, 14-15. Fren.

The author provides a simplified description of the causes and prevention of bed sores. Diagrams illustrate the areas where these are most likely to occur, and the author emphasizes that they can appear within 2 hours after the patient has been immobilized. Prevention requires the constant attention of the nursing staff and the maintenance of three simple activities: encouraging the patient to move around as much as possible, or changing his position every 2 hours; ensuring that he is kept dry and on smooth bedding; massaging susceptible areas. If these routines are followed, 75% of all bed sores can be avoided. (FM)

8070 **Hanlon, J., Wehmann, V., Hart, G., Thompson, J., Taylor, I.** *Environmental health planning: guidelines for analysis of environmental health planning in developing countries.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 2, 1979. 127p. Engl.
See also entries 7701, 7936, 8071, 8079, 8081, 8082, and 8083.

This manual contains a compilation of assessment issues, data considerations, alternative technologies, and practical planning methods specifically related to environmental health in developing countries. The objectives are to describe the inter-related environmental hazards to health; to identify competing elements, priorities, and institutional relationships affecting available solutions, and to offer components needed to make planning decisions, including recommendations for data collection methods, surveillance methods, standards, and alternative technologies. In addition to the needs for fundamental improvements in such areas as drinking water supply, waste water and excreta disposal, and pest control, the occasionally adverse effect of economic development projects is cited. Examples are drawn from the fields of agriculture, industry, transport, and land use patterns. (Modified journal abstract)

8071 **Hanlon, J., Scrimshaw, S.C.** *Socio-cultural factors in health planning: guidelines for analysis of socio-cultural factors in health.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 4, 1979. 79p. Engl.
See also entries 7701, 7936, 8070, 8079, 8081, 8082, and 8083.

This manual describes sociocultural and behavioural factors that affect the planning and delivery of health care services in developing countries. Materials selected for use in this volume include a broad range of sociocultural, psychological, and behavioural information. Central and South American, Middle Eastern, African, and Asian medical systems are described within a cultural context, and special attention is given to obstacles to the transfer of medical technology. The purpose of this volume is to identify sociocultural, psychological, and behavioural factors for the benefit of health care planners in developing countries; to discuss principles of culture and cultural change in the context of effective and responsible health care interventions; and to suggest methods for gaining relevant data for making accurate assessments and effective plans for improved health care. (Modified journal abstract)

8072 **Houba, V.** *Immunological investigation of tropical parasitic diseases.* London, Churchill Livingstone, Practical Methods in Clinical Immunology Series, No. 2, 1980. 170p. Engl. Refs.

The present volume, the 2nd in a series on clinical immunology, discusses in its introduction natural and acquired immunities and the detection of antibodies and antigens. Chapters 2-10 contain descriptions of the principal tropical diseases, parasites and their life-cycles, practised details of immunological tests currently used for investigations and analysis, and guidance to physicians and epidemiologists regarding selection and evaluation of appropriate tests. Comprehensive presentations of the following parasitic diseases are made: malaria, African trypanosomiasis, American trypanosomiasis, leishmaniasis, amoebiasis and other protozoal diseases, filariasis, echinococcosis, schistosomiasis, and other trematodes and cestodes. (EB)

8073 **Le François, M., Liffran, M.** *Vaccinations: quelles questions poser? Comment amener les mères à prendre conscience de l'importance des vaccinations. (Vaccinations: what questions to ask? How to make mothers aware of the importance of vaccinations).* Développement et Santé (Paris), (20), 1980, 6-15. Fren.

Following a model tested in Senegal, the 1st part of this paper lists questions to be asked, in the socratic manner, by the health worker during village group discussions on the purpose of vaccination in general and the six vaccinations recommended by WHO in particular. The remainder contains information for the health worker on the following subjects: the age to begin vaccination; particular cases, e.g., anti-tetanus vaccination of the pregnant woman; the role of health education in the efficacy of a vaccination programme; proper refrigeration of vaccines; and contraindications to vaccination. (HC-L)

8074 **López Negrete, M.C.** *Cartilla nacional de vacunación. (National vaccination card).* Salud Pública de México (Mexico City), 21(4), Jul-Aug 1979, 405-407. Span.

Mexico's obligatory national vaccination card was conceived in the twofold aim of educating and motivating the public to obtain the requisite immunizations and providing information on immunization coverage. This paper discusses the development and justification of this promotion and evaluation tool. (HC-L)

8075 **Nordberg, E.** *Guinea worm disease.* AFYA (Nairobi), 14, Jul-Aug 1980, 98-101. Engl.

Guidelines on the diagnosis and treatment of guinea worm are presented for African health workers. After an analysis of the life cycle of the worm, the syptoms of infestation, which are usually at their worst during the planting and harvesting seasons, are described. Prevention can be effected by either improving or treating the water supply; if transmission can be interrupted for one season, reinfection rarely occurs. In addition to surgical or natural extraction, only diethylcarbamazine seems to have any effect on the worm itself; other drugs can be prescribed to control associated infection and inflammation. (DP-E)

8076 **Pesnot, J.** *Traitement des plaies cutanées superficielles. (Treatment of superficial wounds).* Développement et Santé (Paris), (20), 1979, 4-9. Fren.

With the aid of simple line drawings, this paper explains how to examine, cleanse, anesthetize, and suture superficial wounds. The importance of systematic tetanus prevention in such cases is pointed out and the indications for anti-tetanus booster and/or serum vaccination are given. (HC-L)

8077 **Pernin, F.** *Examen des urines ... sans laboratoire. (Urine tests — without a laboratory).* Développement et Santé (Paris), (31), 1980, 10-13. Fren.

In step-by-step manner, this paper explains how to examine urine with the naked eye and what can be deduced from its volume, colour, clarity, reaction to acid or heat, etc. (HC-L)

8078 **Pineo, C.S., Schnare, D.W., Miller, G.W.** *Environmental sanitation and integrated health delivery programs.* Washington, D.C., American Public Health Association, International Health Programs, Monograph Series, No. 4, 1981. 82p. Engl. Refs.

This monograph is intended to provide the environmental health director, planner, or professional with a practical reference and guide to technical sources on environmental health. The various chapters discuss, respectively, the significance and general aspects of environmental health, the development of an environmental health programme, and the importance of local involvement in the implementation of such a programme; appendices include a selected bibliography (approximately 50 items) and a list of international environmental health organizations. (HC-L)

8079 **Porter, D.R., Stoff, R.J., Whitfield, M.L.** *Health facilities planning: guidelines for analysis of health facilities planning in developing countries.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 5, 1979. 92p. Engl.
See also entries 7701, 7936, 8070, 8071, 8081, 8082, and 8083.

This manual provides a framework for the developing country planner who is concerned with the development and distribution of various types of health care facilities. While several specific examples are provided to illustrate particular points throughout the text, the emphasis in this manual has been placed on elaborating a conceptual framework that is useful as a model planning tool that can be adapted to meet local needs and resources. For example, geographic, climatic, and sociocultural factors should have great impact on the architectural design and site selection of the health facility. While general concerns have been identified here, no attempt has been made to provide a detailed architectural design to meet the needs of each climatic or geographical condition. Specific adaptations must be made by the planner. (Modified journal abstract)

8080 **Ramial, A.M.** *Administration of oral rehydration therapy.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 204-206. Engl.

This article presents a straightforward guide to oral rehydration therapy for diarrheal disease. The author explains how the process works and differentiates among severity of cases. The article concludes with 10 practical points to keep in mind during therapy. (DP-E)

8081 **Robertson, R.L., Zschock, D.K., Daly, J.A.** *Health sector financing in developing countries: guidelines for analysis of health sector financing in developing countries.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 8, 1979. 69p. Engl.
See also entries 7701, 7936, 8070, 8071, 8079, 8082, and 8083.

This manual presents an action-tested procedure for appraisal of health sector financing that may be used, with some local adaptations, to examine health sector financial resources in developing countries. The guidance presented in the text of the manual, combined with the prototype data collection and tabulation arrangement in Appendix A, are sufficiently detailed to lead a host-country health or financial specialist through the assessment process. For successful completion of such an evaluation, it is anticipated that a senior-level economist or public finance specialist would be available to assist the analyst, in both the initial design and final interpretation of the results. (Modifed journal abstract)

8082 **Schaumann, L., Roemer, M.M., Merson, J.M.** *Pharmaceutical supply system planning: guidelines for analysis of pharmaceutical supply system planning in developing countries.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 7, 1979. 93p. Engl.
See also entries 7701, 7936, 8070, 8071, 8079, 8081, and 8083.

Particularly in rural areas of developing countries, the pharmaceutical supply system can be a critical part of health care delivery. Evidence suggests that no country possesses an ideal pharmaceutical supply system, and virtually all supply systems are affected to some degree by issues and policies more concerned with politics, economics, education, and law in addition to those governing medicine and public health. This manual provides objective outlines to assist health care planners to develop improved pharmaceutical supply systems within the framework of national development planning. Particular emphasis has been placed on the importance of making pharmaceutical products available to the rural segment of the population. (Modified journal abstract)

8083 **Staff, R.J., Porter, D.R.** *Health manpower planning: guidelines for analysis of health manpower planning.* Rockville, Md., Public Health Service, Office of International Health, International Health Planning Methods Series, No. 3, 1979. 86p. Engl.
See also entries 7701, 7936, 8070, 8071, 8079, 8081, and 8082.

These guidelines for health manpower planning in developing countries provide a conceptual and methodological framework for the analyst and policy planner involved with the development and use of health personnel. Health manpower planning is a difficult task, affected by numerous variables. It is also a relatively long range task, since the health manpower supplies of the future must be developed through training and education opportunities years before new practitioners become active in the field. This manual discusses various methods for planning for the use of medical assistants and auxiliaries to provide primary health care in rural areas where it is difficult to attract or maintain fulltime physicians. (Modified journal abstract)

8084 **Vemury, M.** *Nutrition education — an important aspect of* CARE*'s programming efforts.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 142-149. Engl. 10 refs.
For complete document see entry 7983.

CARE is incorporating nutrition education into many of its current programmes because education is essential for achieving nutritional goals. The technique varies depending on the country and the target group, but teaching is usually done on a one-to-one basis, often coinciding with the mothers' visits to the maternal child health centre. Many of these centres distribute food, which can be used as an educational tool. Growth charts, a nutrition newsletter, posters, school and home gardening, exhibits, and a variety of audiovisual aids are also used to educate the target groups. Several research projects CARE has conducted to study the effectiveness of different nutrition education techniques are also outlined. (Modified journal abstract)

8085 **WHO, Geneva.** *Agent de santé communautaire: guide d'action, guide de formation, guide d'adaptation. Edition révisée. (Community health agent: action guide, training guide, adaptation guide. Revised edition).* Geneva, WHO, 1981. 346p. Fren.

This manual was developed by the WHO for use in training community health agents (a profile of these health workers is included in the introduction) throughout the developing world. The 1st part may be used by the community health agent as a training manual and handbook; the 2nd contains advice for the teachers and supervisors of community health agents; and the 3rd discusses how the book's content, text, and illustrations may be adapted to suit national or local conditions. (HC-L)

8086 **WHO, New Delhi.** *Clinical management of acute malaria.* New Delhi, WHO, WHO Regional Publications, South-East Asia Series, No. 9, 1980. 85p. Engl.

This manual, intended especially for health workers treating acute and severe forms of malaria, provides up-to-date and authoritative information on drug use, the pathological processes leading to the need to administer drugs, and when malaria patients should be referred to a physician. Separate chapters cover parasitology in human malaria, pathology, clinical features, diagnosis, management, and an information service on geographical distribution of drug resistance. Tables contain information on treatment guidelines, functions of health workers at different levels, supplies and equipment in different facilities, etc. Descriptions of staining methods and comparative characters of plasmodia of man are included in annexes. The manual closes with several pages of coloured photographs. (RMB)

8087 **WHO, Programme for Control of Diarrheal Diseases, Geneva.** *Guidelines for the trainers of community health workers on the treatment and prevention of acute diarrhoea.* Geneva, WHO, 1980. 29p. Engl.

This guide is intended for adaptation to conditions in different countries or areas in accordance with user needs. The 1st part describes the symptoms, etiology, and dangers of diarrhea. The 2nd, on the treatment of acute diarrhea, covers dehydration, treatment plans, the feeding and treatment of children and adults, medicines, and case reporting; the 3rd concentrates on the prevention of diarrhea by the use of proper food, water, and hygiene. Annexes contain a growth chart, a formula for estimating weight from age or length, a recipe for oral rehydration solution, and an example of a community health worker's diarrhea card. (RMB)

8088 **Zeitlin, M.** *Directions for the evaluation of nutrition education.* In Shack, K.W., ed., Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves, Santa Monica, Cal., Meals for Millions Foundation, 1977, 169-192. Engl. 13 refs.
For complete document see entry 7983.

This article examines reasons for evaluating nutrition education programmes, the seven groups most likely to use such evaluations (planners, funders, field workers, etc.), and evaluation procedures. The characteristics of the major models — KAP (knowledge, attitudes, practice), KAB (knowledge, attitudes, behaviour), and KABINS (knowledge, attitudes, behaviour, improvement in nutritional status) — are compared and assessed. Other evaluation aspects covered include cost-effectiveness calculation and who should conduct the evaluation. (DP-E)

IV.9.2 Family Planning and Midwifery

8089 **Mongin, C.** *Comment surveiller une grossesse. (How to monitor a pregnancy).* Développement et Santé (Paris), (28), 1980, 2-8. Fren.

The author provides a simplified, illustrated guide for monitoring the development of a pregnancy. Transformation of the uterus can be measured by volume, weight, and height at different stages. A chart illustrates weight and size of the embryo and fetus at various stages from 1 week-9 months. The importance of regular prenatal examinations at 3, 6, and 8 months is stressed as a means of evaluating fetal development and health status of the mother, as well as permitting early diagnosis of any anomalies and providing the mother with information on pregnancy, family planning, and child care. The specific topics to be covered at each visit are discussed in detail. (FM)

8090 **Pernin, F.** *Abcès du sein. (Breast abcess).* Développement et Santé (Paris), (22), 1979, 22-25. Fren.

Breast abcesses commonly occur in nursing mothers during the first 2 months of lactation and again during the weaning period. This paper describes, in the manner of a teaching unit aimed at nurses or auxiliary health workers, the etiology, diagnosis, and management of the condition. Some line drawings are included. (HC-L)

V Formal Evaluative Studies

V.1 Health Workers

See also: 8014, 8019, 8027, 8030, 8142, 8155.

8091 **Armenian, H.K., Dajani, A.W., Fakhro, A.M.** *Impact of peer review and itemized records on care in a health centre in Bahrain.* Quality Review Bulletin (Chicago, Ill.), 7(9), Sep 1981, 6-11. Engl. 19 refs.

As part of an evaluation of the quality of primary care services delivered at the Ibn Sina health centre (Bahrain) during 1977, the six physicians employed there each assessed 10 medical records belonging to colleagues' patients; while most records lacked adequate social and medical histories, they nevertheless concluded that only 8% of the patients would have have a better outcome had management been different. As a result, a new type of medical record was devised and put into use; an evaluation of 150 of these records conducted by an independent physician is reported in this article. The differences between this and the peer review method are described, although the evaluation results in terms of the quality of care were not significantly different. Statistical data are included. (DP-E)

8092 **Correa Azcona, S., Elu de Leñero, M. del C., Campos Cordero, J., Keller, A.** *Agent characteristics and productivity in the Mexican rural health program.* Studies in Family Planning (New York), 11(7/8), Jul-Aug 1980, 247-254. Engl.

In an effort to better understand the relationship between the characteristics of health agents and their productivity, the authors analyzed the productivity of 277 supervisors of a family planning programme in Mexico. The results are discussed and presented as statistical data. The findings suggested that the most productive agents were those most similar to the target population. Older, married women with children were also effective, as were women who used contraceptives. The data on productivity and community size are inconclusive and more investigation is needed in this area. (DP-E)

8093 **Davis Tsu, V.** *Underutilization of health centers in rural Mexico: a qualitative approach to evaluation and planning.* Studies in Family Planning (New York), 11(4), Apr 1980, 145-154. Engl. 14 refs.

The author conducted a field study in two rural towns in the state of Durango, Mexico, to identify factors related to the underutilization of health centres and to explore the relationships between clinic use, the role of the specially trained auxiliary nurse, and the family planning programme. Major factors affecting clinic use included: irregularity of supplies; availability of nearby, more attractive medical facilities; use of indigenous health care resources as well as, or instead of, the health centre; and personnel problems. The findings are presented as a case study demonstrating the value of a qualitative approach to evaluation and planning, using a combination of methods including survey, in-depth interviewing, and direct observation. (Modified journal abstract.)

8094 **Harding, T.W., Arango, M.V. de, Baltazar, J., Climent, C.E., Ibrahim, H.H.** *Mental disorders in primary health care: a study of their frequency and diagnosis in four developing countries.* Psychological Medicine (London), 10(2), 1980, 231-241. Engl. Refs.

Psychiatric screening of 1 624 patients attending primary health facilities in Colombia, India, Sudan, and the Philippines revealed that 225 (13.9%) were suffering from mental disorders. The questionnaire and the diagnostic process used are described. It is concluded that primary health workers, who now recognize only about 35% of patients presenting with mental illness, should receive additional training in the diagnosis and treatment of psychiatric conditions; efforts must also be made to locate severe cases who are unlikely to attend a primary care facility. Statistical data are included. (DP-E)

8095 **Hershey, J.C., Kropp, D.H., Kuhn, I.M.** *Productivity potential of physicians' assistants.* Journal of Medical Systems (New York), 2(2), 1978, 123-138. Engl. 20 refs.

Although many previous analytical studies indicate that physicians' assistants can substantially increase productivity and reduce costs, the utilization of physicians' assistants in ambulatory health care settings has grown at a disappointing rate. This apparent discrepancy may be explained in part through close examination of the models used in the analytical studies. This paper describes the limitations of previous studies and shows how analysis can be improved through the use of a combined optimization-stimulation model. The model is applied to a hypothetical example to demonstrate how productivity and income benefits can be overstated, and to test the sensitivity of such benefits to a range of management policies for the ambulatory care practice regarding patient load, physical resources, appointment scheduling, and more flexible assignment of providers to patients. Statistical data are included. (Modified journal abstract)

8096 **Isely, R.B.** *Use of a time-motion study to evaluate the activities of rural health center chief nurses in the Cameroon.* Journal of Tropical Pediatrics (Kampala), 26(2), Apr 1980, 46-49. Engl. 11 refs.

Arguments are presented to support the notion that health education can form a considerable part of the work of the individual practitioner because of the preexisting relationship of confidence and caring. That personnel need help in applying this notion is evidenced by the relatively small proportion of time spent in what could be identified as health education activity in the daily routines of three Cameroonian health centre chief nurses. Although the study was originally performed to help plan a training programme for these three nurses, it has implications both for similar training programmes elsewhere and for further studies of the time and motion variety reported here. Statistical data are included. (Modified journal abstract)

8097 **Iskander, P., Rienks, A.S., Soenartomo, Sumarsih, G.** *Pengamatan anthropologis tentang pembentukan dan pelaksanaan program kader. (Anthropological observations on the formation and implementation of a cadre development programme).* Yogyakarta, Indonesia, Gadjah Mada University, Centre for Rural and Regional Research and Studies, Hedera Report No. 2, 1979. 150p. Engl., Bahasa Indonesia.

In 1978, a survey was conducted in 4 villages in Banjarnegara, Indonesia, to evaluate various aspects of the cadre (village health workers) programme. Among the villages chosen for the research study, 2 had successful cadre programmes, one had a 1st-time programme, and one had no programme. The survey examined 4 topics: differences in basic characteristics between cadres and non-cadres; variations in health related aspects among the two types; the villagers' perception and evaluation of cadre activities; and the possible determinants of cadre performance. Several observations and recommendations for improvement are put forward. (EB)

8098 **Jinadu, M.K.** *Role of community health nurses in family health education at home in a southern province of Iran (Fars).* International Journal of Nursing Studies (Oxford, UK), 17(1), 1980, 47-53. Engl. 11 refs.

This 1975 study analyzes the contribution of 10 community nurses to Iran's health policies aimed at reducing child mortality and high levels of fertility in the province of Fars. The results are discussed and presented as statistical data. It is concluded that the nurses' home visits are an excellent means of bringing health education to the family. Further study is recommended. (DP-E)

8099 **Levine, M.M., Clements, M.L., Black, R.E., Hughes, T.P., Blum, D.** *Practical, reliable method for preparing simple sugar/salt oral rehydration solution.* Journal of Tropical Medicine and Hygiene (London), 84(2), Apr 1981, 73-76. Engl. 18 refs.

Using readily available measuring devises, a method for preparing sugar/salt oral rehydration solutions has been devised that functions acceptably under field conditions. One level teaspoon of salt and four heaping teaspoons of sugar are added to one litre of water. Comparison of the solutions prepared by 5 US nurses and 20 mothers from a rural Honduras village is discussed and presented as statistical data. (DP-E)

8100 **Limbange, C.K.** *Study of aid post orderly performance in the Wapi Valley in the Enga Province, Papua New Guinea.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 23(3), Sep 1980, 126-131. Engl.

Aid post orderlies provide the bulk of primary medical care in rural areas in Papua New Guinea, where the majority of the population lives. In the Wapi Valley of Enga Province, three aid posts were established in 1967, and a 4th was added in 1970. This 1975 study shows that, compared with earlier surveys of health, a dramatic reduction in morbidity has followed the establishment of these posts. It is argued that the government tends to underrate the value of aid post orderlies who, as this study shows, play a vital role in the delivery of health care and deserve the full support of the community and the government. Statistical data are included. (Modified journal abstract)

8101 **Malone, M.I.** *Performance of enrolled community nurses in the management of child morbidity at an integrated maternal child health clinic.* East African Medical Journal (Nairobi), 57(1), Jan 1980, 12-23. Engl. 12 refs.

This 1976 evaluation of the performance of community nurses, as compared to doctors, at a maternal child health clinic at Kiambu District Hospital (Kenya) showed that the nurses were capable of handling 82% of all the pediatric patients studied, provided they had clear guidelines for diagnosis, treatment, and referral. The nurses were assessed in terms of their skills in history-taking and physical examination, referring patients for X-ray or laboratory tests, diagnosis, referring patients to physicians, and prescribing drugs or other treatment. The evaluation methodology is explained. Statistical data are included. (DP-E)

8102 **Mayalkan, M., Kochar, V., Sarma, U., Tandon, J., Wantanmatte, A.S.** *Training folk practitioners as PHWs in rural India.* International Journal of Health Education (Geneva), 23(3), 1980, 167-178. Engl. 20 refs.

Also published in French, German, and Spanish.

In an attempt to incorporate them into the primary care system, folk practitioners in India were trained in four courses: 14 practitioners were taught the treatment of "Nazar", a symptom complex in young children characterized by diarrhea and/or fever; 14 more were given a similar course in another village; 20 practitioners received training on the treatment of skin diseases; and 20 traditional birth attendants were trained in aseptic delivery techniques. Based on the extent to which the course material was translated into practice, the results were encouraging. The authors emphasize the methodology, impact, and acceptability of the courses rather than the content. They feel that the material could be taught by paramedics and has potential application elsewhere in India. (DP-E)

8103 **National Institute of Health and Family Welfare, New Delhi. All India Institute of Hygiene and Public Health, Calcutta, India. Indian Institute of Management, Ahmedbad, India. International Institute for Population Studies, Bombay, India. Indian Council of Medical Research, New Delhi. Gandhigram Institute of Rural Health and Family Planning, Tamil Nadu, India.** *Evaluation of community health workers' scheme; a collaborative study.* New Delhi, National Institute of Health and Family Welfare, Technical Report No. 4, n.d. 1v. (various pagings). Engl.

Shortly after the community health workers' (CHW) scheme was introduced in late 1977 in all public health centres through India, six national institutes undertook a study of its effectiveness at the request of the Indian government. The scheme requires every community of 1 000 residents to select a representative who, after receiving 3 months basic health training, is willing to serve the community and enjoy its confidence. This report is the analysis of data collected from all levels of communities served by the scheme. It covers the objectives, profile of CHWs, their roles and responsibilities, selection process, training and performance, community attitudes and acceptability, feasibility of the scheme, conclusions, and recommendations. Statistical data are included. (EB)

8104 **Neittaanmaki, L., Koskela, K., Puska, P., McAlister, A.L.** *Role of lay workers in community health education: experiences of the North Karelia project.* Scandinavian Journal of Social Medicine (Stockholm, Sweden), 8(1), 1980, 1-7. Engl.

The role of natural community leaders in serving as lay health workers in a comprehensive community health programme is being explored in rural Finland, where nearly 300 persons have been trained to detect cardiovascular risk factors (smoking, high-cholesterol diet, high blood pressure) in their communities and to advise community members of the desirability of lowering these risk factors. Initial data from studies of the lay health workers and their intervention work support the concept that carefully selected community health workers who are to varying degrees representative of their local populations can well act as intermediaries in preventive health care strategies. (Modified journal abstract)

8105 **Odejide, A.O.** *Nigerian psychiatric outpatient clinic: a point prevalence study.* Journal of Clinical Psychiatry (Memphis, Tenn.), 41(4), Apr 1980, 130-133. Engl. 14 refs.

A 1978 point prevalence study in an Aro (Nigeria) psychiatric outpatient clinic revealed that clinic personnel could not adequately care for the large patient population in terms of either diagnosis or treatment. Suggestions are made for better utilization of clinic facilities and increasing the psychiatrist:patient ratio to improve treatment standards. Statistical data are included. (Modified journal abstract)

8106 **Okunade, A.O.** *Screening for handicaps in children: are Nigerian nurses equipped?* International Journal of Nursing Studies (Oxford, UK), 17(3), 1980, 530-532. Engl. 9 refs.

This survey of Nigerian nurses indicates that neither public health nurses nor community nurses are properly trained to screen children for handicaps and that the screening methods used in health centres are inadequate. The screening that does take place concentrates on school-age children when preschoolers would probably benefit more from early detection of their disabilities. Recommendations are made concerning training, the provision of equipment, and the development of a record keeping system. (DP-E)

8107 **Oyemade, A., Oyewole, A.** *Characteristics of attendants in day-care centres and nurseries in Nigeria.* Public Health (London), 94(1), 1980, 52-57. Engl.

A study of the characteristics of 28 supervisors and 79 assistants in 30 day-care centres and nurseries in Ibadan (Nigeria) was carried out. The results are discussed and presented as statistical data. The supervisors were mostly married women with moderately large families; about half of them had previously been engaged in economic activities outside their homes. A large proportion of the supervisors and all of the assistants had no training in the management of preschool children. The assistants were also found to be of poor educational background. Trained staff are essential if the children's needs are to be met; training schools must be established locally. (Modified journal abstract)

8108 **Reyes Sigarreta, M.** *Educación continuada en la administración de salud. (Continuing education in health administration).* Revista Cubana de Administración de Salud (Havana), 6(4), Oct-Dec 1980, 314-322. Span. 8 refs.

A survey of Cuban health administrators was undertaken in order to determine whether the practice of the specialty corresponded to its theoretical model. This paper summarizes the survey methodology, findings, conclusions, and recommendations. Foremost among these is the need for ongoing education of health administrators and a more judicious personnel planning policy for the same. (HC-L)

8109 **Trobe, J.D., Cassin, B.** *Ophthalmic assistants, technicians and technologists; current and potential utilization.* Survey of Ophthalmology (Boston, Mass.), 25(2), Sep-Oct 1980, 102-106. Engl.

Since there exists to date no published study on the impact of physician extenders in ophthalmology on the delivery of eye care services, it is the purpose of this article to outline currently available training categories and requirements of ophthalmic assistants and technicians. It is hoped that direct feedback from ophthalmologists regarding present utilization and potential need for such personnel can be obtained. The authors evaluate the skill and competency of graduates of the 2- and 3-year training programme, the general demand for their skills, the improvement in the quality of ophthalmological examinations, and patient acceptance. The appendix includes a list of approved training programmes in the USA and Canada and a reader questionnaire intended for use in future reports. (EB)

V.2 Organization and Administration

See also: 7944, 7959, 7978.

8110 **Atkins, R.S.** Population Council, New York. *Maternal and child health/family planning program; technical workshop proceedings.* New York, Population Council, International Programs, Jun 1980. 341p. Engl.
Maternal and Child Health/Family Planning Programme Technical Workshop, New York, N.Y., 31 Oct-2 Nov 1979.

In addition to the workshop agenda, recommendations, and lists of participants, the proceedings contain project reports from Indonesia, Turkey, the Philippines, and Nigeria. Each of these countries also presented project-related papers addressed to the following topics: solutions to specific problems of health services delivery, the use of a rural maternal child health services to deliver family planning, the suitability of evaluation procedures used, responding to local preferences in contraceptives, and project contributions to national policy. Many papers contain statistical data. (DP-E)

8111 **Ayeni, O., Oduntan, S.O.** *Infant mortality rates and trends in a Nigerian rural population.* Journal of Tropical Pediatrics (Kampala), 26(1), Feb 1980, 7-10. Engl. 15 refs.

A study of a 10-year trend in infant mortality in a rural population in Nigeria revealed that the death rate had dropped approximately 50% (from 140:1 000 live births-67:1 000 live births) from 1965-1975. This decline is thought to be due, in large part, to the efforts of the rural health centre, which has carried out vigorous programmes in maternal and child health, health education, and environmental sanitation. Statistical data are included. (Modified journal abstract)

8112 **Brown, L.** *Ghana — medical care amid economic problems.* Journal of the Royal College of General Practitioners (Dartmouth, UK), 30(216), Jul 1980, 433-436. Engl.

The author, a medical officer at the University Hospital, Legon, from 1977-1979, briefly surveys the health services in Ghana; these include 54 government hospitals, 137 health centres and posts, 2 teaching hospitals, 57 private hospitals, and clinics belonging to universities, the army, mines, and missions. The serious economic plight of the country and its effects on workload, treatment, medical staff, and planning are described. (Modified journal abstract)

8113 **Barber, E., Mair, A.Z., Kleinhauz, M.** *Community intervention and mental health: a case study of a neighborhood in Jaffa.* Community Mental Health Journal (New York), 17(2), Summer 1981, 123-131. Engl.

This article examines a community intervention programme undertaken by the Community Mental Health Centre in Jaffa, Israel, with the aim of increasing the coordination and cooperation between community caretaker agencies by providing them with mental health consultation. Commenced in October 1974, the programme studied the problems characteristic of a target neighbourhood of approximately 10 000 residents and subsequently established an inter-agency coordinating body made up of special teams on education and youth, health, and community involvement, which would provide continuity of care to mental health patients. The activities that resulted from this intervention acted as an impetus for improvement in services; the community became the beneficiary of many municipal projects and innovations. (EB)

8114 **Bhatti, R.S., Janakiramaiah, N., Channabasavanna, S.M.** *Family psychiatric ward treatment in India.* Family Process (Basel, Switzerland), 19(2), Jun 1980, 193-200. Engl.

The evolution of family psychiatric ward treatment is reviewed with special reference to the developments at the National Institute of Mental Health and Neuro Sciences, Bangalore, India. The set-up and philosophy of the Family Psychiatric Center are highlighted and some case reports presented. The effects of the patient's preference to be accompanied by a particular relative during ward treatment was studied. The patient's preference was determined by means of a questionnaire. It was found that staying with the preferred relative was associated with a shorter stay and also that different preferred relatives had a differential effect on the duration of the hospital stay. Some statistical data are included. (Modified journal abstract)

8115 **Bingham, J.S.** *Zimbabwe: land of hope and ...* British Journal of Venereal Diseases (London), 57(3), Jun 1981, 184-186. Engl.

After a brief look at the political history and economy of Zimbabwe, the author discusses that country's medical services and the health problems created by the recent chaos. Particularly acute is the problem of sexually transmitted diseases (especially gonorrhoea and chancroid). The causes and treatment of these diseases are examined and it is noted that the situation is improving. The author feels that the enthusiasm and determination of the medical and allied professions, together with the potential wealth of the country, bodes well for continued improvement. (Modified journal abstract)

8116 **Bollag, U.** *Practical evaluation of a pilot immunization campaign against typhoid fever in a Cambodian refugee camp.* Disasters (London), 3(4), 1979, 413-415. Engl.

A test of the practicability of a mass immunization campaign against typhoid fever in a refugee camp in

Pochentong, Cambodia, revealed that attendance by adults and children throughout the 3-4 inoculation rounds declined steadily, with only 30(20%) completing the course. On the other hand, the general initial acceptance by the people was good, due to a comprehensive service (information, health education, and individual care of patients). It is concluded from these results that multi-injection immunization against typhoid-paratyphoid is a waste of money in a war-torn situation with an unstable population. Statistical data are included. (DP-E)

8117 Bastamy, H.L. *Developing health care delivery systems in Indonesia.* Yogyakarta, Indonesia, Gadjah Mada University, Centre for Rural and Regional Research and Studies, Hedera Report No. 1, 1979. 137p. Engl. Refs.

The present document is the English version of a report on a 1975 survey on the development of health care delivery systems in Indonesia. The 1st chapters deal with the development of programmes at the university level, especially within the medical faculties throughout Java and Bali, and within the Faculty of Public Health in Jakarta. Chapters 3-9 describe the Christian Foundation for Public Health, the Indonesian Welfare Foundation, community health projects in Central Java and in Central Sulawesi, projects implemented by the Bethesda Hospital in North Sumatera, and the aims and role of the Family Welfare Corporation. A bibliography is included. (EB)

8118 Bwibo, N.O. *Practice of paediatrics and child health in East Africa (1970-1979) and prospects for the next decade.* East African Medical Journal (Nairobi), 57(8), Aug 1980, 515-523. Engl. 38 refs.

This article reviews activities in the field of child health in East Africa from 1970-1979. Mortality rates, though not accurately known, and case fatality rates from acute infections and malnutrition were still high. There was an appreciable expansion in rural health services through the provision of maternal child health services. Training programmes provided paramedical and medical staff for expanded pediatric services in the communities. Research projects were many and varied, emphasizing infectious diseases, nutrition, newborns, and operational research. Future needs are also described. (Modified journal abstract)

8119 de Muynck, A. *Integrated rural basic health care in Vallegrande, Bolivia.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 33-45. Engl. 12 refs.

This article describes the integrated, continuous, comprehensive, low-cost health care system that has existed in the province of Vallegrande (Bolivia) since 1977. The aims of the programme in terms of specific disease control efforts and the intended coverage are outlined. The organization, budgeting, and staffing are discussed and the results of preventive and curative care examined. Supervision and evaluation, public participation, and the possibility of reproducing the programme nationally are also examined. Statistical data are included. (DP-E)

8120 de Souza, P.P. *Programas de erradicação e controle de endemias a cargo da SUCAM: análise sucinta do período 1974 a 1977. (SUCAM programmes for the eradication and control of endemic diseases: a brief analysis, 1974-1977).* Revista Brasileira de Malariologia e Doenças Tropicais (Rio de Janeiro, Brazil), 29, 1977, 111-116. Portuguese.

This paper summarizes the activities and accomplishments of Brazil's SUCAM (*Superintendência de Campanhas de Saúde Pública*) with respect to malaria, schistosomiasis, Chagas' disease, yellow fever, etc., during the period 1974-1977. It is noted that territorial expansion and operational improvements witnessed during the period are the results of programme reorganization and increased allocation of funds. (HC-L)

8121 Deluol, A.M., Savel, *P.*, Lancastre, F., Cenac, J., Pilman, R. *Valeur comparée des examens parasitologiques et du profil immunologique dans le diagnostic des schistosomoses chroniques. (Comparative study of parasitological and immunological investigation in the diagnosis of chronic schistosomiasis).* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 74(3), 1981, 332-341. Fren. 22 refs.

This study involved 63 patients from Africa and the West Indies suffering from *Schistosoma haematobium* infection and 49 with *S. mansoni*. Experimental investigations included examinations of stools and urine, rectal biopsy, and determinations of total IgE and serum protein levels as well as IFA tests. The authors conclude that definitive diagnosis of schistosomiasis may only be made from the combined results of stool and urine samples and rectal biopsy. IFA and IgE levels were insufficient for conclusive diagnosis. Test and control levels of IgA, IgG, serum mucoids, and haptoglobins were not different enough to be of any diagnostic value. Statistical data are included. (Modified journal abstract)

8122 East African and British Medical Research Council *Tuberculosis in Kenya: follow-up of the second (1974) national sampling survey and a comparison with the follow-up data from the first (1964) national sampling survey.* Tubercle (Edinburgh), 60(3), 1979, 125-149. Engl. Refs.

A total of 1 490 newly diagnosed patients admitted to a national sampling survey of tuberculosis conducted in 11 of 30 districts of Kenya in 1974 have been followed up after a year under the routine tuberculosis treatment services. The results are discussed and presented as statistical data and compared with those observed in the follow-up of a similar survey in the same districts 10 years previously. The findings indicate that the standards of chemotherapy and its application are good throughout Kenya and that, in spite of the frequent administrative and personnel changes over the years, the services have maintained a satisfactory standard. (Modified journal abstract)

8123 **Easton, B.** *New directions in health and economic management.* New Zealand Medical Journal (Wellington), 90(646), 24 Oct 1979, 341-344. Engl.

It is a striking fact that in New Zealand both the economy and the health system have performed poorly in the post-war era; the most likely explanation of this is that they have a common political and social foundation which, in both cases, resulted in the system failing to function properly. Rather than provide a detailed critique of this foundation, the author considers how the health system, and by implication the economy, could be reorganized to improve its performance. (DP-E)

8124 **Echeverri, O., Salazar, L.M. de** *Salud y el desarrollo en un sistema rural de servicios de salud. (Health and development in a rural health services system).* Educación Médica y Salud (Washington, D.C.), 14(1), 1980, 23-40 Span. 15 refs.

The *Centro de Investigaciones Multidisciplinarias en Desarrollo Rural* (CIMDER), Cali, Colombia, has pioneered an approach to health care delivery that is based on a trained health promoter operating out of her own home using a standardized set of appropriate technologies and backed by community organization and resources. This paper describes the organization, administration, and financing of the system and presents the results of its application in one service area. A second part discusses the changing role of the nurse in general and her role in community health in particular. (HC-L)

8125 **Epidemiological Bulletin, Washington, D.C.** *Tuberculosis in the Americas; II: control.* Epidemiological Bulletin (Washington, D.C.), 2(6), 1981, 1-4. Engl.

Data from 1973, 1978, and 1980 surveys are used to analyze the prevalence of tuberculosis and the status of control programmes in Latin America. Improved integration of control activities into general health services has resulted in extended coverage, improved diagnosis, and reduced hospital treatment, while better drugs have shortened the duration of treatment, which, when supervised, has been cheaper and easier for patients to complete. Current problems include abandonment of treatment, loss of contact by the health services, inadequate training of auxiliaries, and lack of supervision. (DP-E)

8126 **Escudero, J.C.** *Democracy, authoritarianism, and health in Argentina.* International Journal of Health Services (Westport, Conn.), 11(4), 1981, 559-572. Engl. 52 refs.

At the turn of the century, Argentina's health levels were among the highest in the world. The subsequent deterioration can be correlated with the disruption of the country's democratic process. The participation of the military in Argentinian political life has produced a lowering of the standard of living of the majority of the population, with a consequent increase in mortality and morbidity, and the appearance of elitist, community-centered health policies. The antihealth policies of the military are contrasted with those pursued by democratically elected Argentinian governments and with the principles set forth in recent declarations of human rights. Statistical data are included. (Modified journal abstract)

8127 **Fernández, M.C.** *Análisis de las posibilidades de aplicación en el sistema nacional de salud en Cuba. (Analysis of the possibilities for application within the health system in Cuba).* Revista Cubana de Administración de Salud (Havana), 6(2), Apr-Jun 1980, 175-184. Span.
Seminario de Investigación Operacional de los Servicios de Salud, Washington, D.C., 13-15 Nov 1979.

Since 1975-1976, the programme in health administration offered by Cuba's *Instituto de Desarrollo de la Salud*, has included a course in operations research. This paper identifies potential areas at the primary and secondary levels where such research could make a positive contribution to the development of the health services system and lists the titles of investigations that have been carried out or are underway. (HC-L)

8128 **Fritz, C.** *Combating nutritional blindness in children; a case study of technical assistance in Indonesia.* Oxford, UK, Pergamon Press, Pergamon Policy Studies, No. 57, 1980. 207p. Engl.

With an aim to illustrating the many kinds of problems that can arise in technical assistance projects, the author recounts his experiences as USAID liaison officer investigating the epidemiology of corneal disease related to vitamin A deficiency in Indonesia. In view of this objective, the results of the project involving 5 000 children aged 6 months-5 years are not reviewed in detail. Instead, this case study examines project development, organization, staffing, equipment, funding, the roles and experiences of the foreign advisor, the synthesizing of preliminary data, and the agenda for the future. (EB)

8129 **Frost, O.** *Municipal community obstetrics in a developing country.* Tropical Doctor (London), 10(4), Oct 1980, 179-183. Engl.

This article describes the establishment and organization of the present maternity services in Salisbury, Zimbabwe. A general maternity hospital was opened in 1950 primarily for high-risk patients. However, there was no selection of patients and too many low-risk cases were admitted. Finally, the hospital and city maternity clinics were integrated into one unit. The author discusses building construction, staff, administration of drugs, record-keeping, fees, patient selection, continuing education, and cooperation among personnel. The results, presented as statistical data, indicate that the system is functioning well and should be reproducible in other urban areas. (DP-E)

8130 **Golladay, F.L., Liese, B.H.** *Rural health care looks to the future; issues in the institutionalization and management of rural health care: making technology appropriate.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 173-180. Engl.

Examination of the support systems necessary to the successful implementation of primary health care leads the author to conclude that "so-called simple low-cost rural health technologies require a complex and highly sophisticated administrative superstructure... an administrative-intensive approach that is qualitatively different from present administrative patterns." Strengthening the formal bureaucracy, encouraging the formation of local consumer groups, and reducing the management task by limiting the innovativeness of the scheme are advocated as ways of addressing the problem. (HC-L)

8131 **Gwatkin, D.R., Wilcox, J.R., Wray, J.D.** *Policy implications of field experiments in primary health and nutrition care.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 121-128. Engl. 13 refs.
Conference on Health and Population in Developing Countries, Bellagio, Italy, 18-21 Apr 1979.

A review of 10 pilot projects that provide simple health and nutrition services and kept data adequate to permit an assessment of their effectiveness suggests that mortality declines were notably more rapid in a clear majority of the project sites than would have been expected in the projects' absence. In the hands of able administrators and in populations up to 70 000, infant and child mortality can be reduced by 35%-50% within 1-5 years, at a cost of about 2% of *per capita* income. Among the particularly promising programme components were maternal food supplements, maternal immunization against tetanus, nutrition monitoring, and greater reliance on paramedical personnel. At least equally important was the effectiveness and sensitivity with which the particular components selected, whatever they may have been, were implemented and administered. (Modified journal abstract)

8132 **Hamara, C.M.** *Child health problems and programmes in two underdeveloped areas of the USA.* Child Care, Health and Development (Oxford, UK), 5, 1979, 323-334. Engl.

There are areas in the USA where the health problems of children are similar to those of children in some developing countries. This article briefly describes programmes that were developed to provide assistance in two such areas. The 1st was a federal health programme for Indian people on reservations and the 2nd was a new and innovative and short-lived medical school-supported project for a poor black community in the rural south. The limited success of these programmes is discussed. The author concludes that there is a constant need for evaluation and new ideas that may positively affect established ways of providing health services. Statistical data are included. (Modified journal abstract)

8133 **Kaufman, A., Voorhees, D., Roush, C.P., Dunn, C.M., Kiesling, B.** *Recent developments in health care in China.* Southern Medical Journal (Birmingham, Ala.), 73(12), Dec 1980, 1621-1624. Engl. 12 refs.

Community and family health care in the People's Republic of China is examined in terms of health organization, occupational and environmental health, and mental health. Despite the success of the Chinese in persuading the population to accept family planning and other health measures, the same techniques have not been used on workers in factories, where safety standards are nonexistent or neglected. The low incidence of mental illness is attributed to the Chinese tendency to diagnose as mentally ill only those patients with acute symptoms. (DP-E)

8134 **Malone, M.I.** *Quality of care in an antenatal clinic in Kenya.* East African Medical Journal (Nairobi), 57(2), Feb 1980, 86-96. Engl.

The antenatal care delivery process at a district hospital in Kenya was evaluated as part of a wider operations research project aimed at improving outpatient services. It was concluded that nurses and midwives are capable delivering acceptable antenatal care as long as they refer at-risk patients to physicians, an antenatal card should be used to identify at-risk women, equipment should be regularly serviced, the physician's role should be more clearly defined, etc. Statistical data are included. (DP-E)

8135 **Masi, D.A.** *Current program of the Leprosy Society of Paraguay for the control of leprosy.* In Latapi, F., Saul, A., Rodríguez, O., Malacara, M., Browne, S.G., eds., Leprosy, Amsterdam, Excerpta Medica, International Congress Series No. 466, 1980, 211-212. Engl.
See entry 7889 for complete document.

In 1972, the Leprosy Society of Paraguay adopted a new approach to leprosy control that emphasizes the psychological aspects of the disease and the education of the patient, his family, and the community in general. This programme has resulted in a significant increase in the number of consultations by patients and contacts, the retrieval of 15% of defaulters, and a 10% decrease in the incidence of lepromatous leprosy. (DP-E)

8136 **Mechanic, D., Greenley, J.R., Cleary, P.D., Hoeper, E.W., Wenzel, F.J.** *Model of rural health care; consumer response among users of the Marshfield Clinic.* Medical Care (Philadelphia, Pa.), 18(6), Jun 1980, 597-608. Engl. 11 refs.

Comparison of prepaid, Medicaid, and fee-for-service patients using the Marshfield Clinic (Wisconsin, USA) and affiliated non-clinic physicians indicate that a well-organized multispecialty group can successfully provide accessible and responsive care to rural populations and integrate various types of payment systems. Most patients were highly satisfied, but differences in satisfaction among varying subgroups were substantially attributable to access barriers. Patients in the Greater Marshfield Community Health Plan (prepaid patients) were most generally satisfied, but patients using non-clinic affiliates were higher on socioemotional satisfaction, reflecting certain barriers to personal care in complex organizational settings. Statistical data are included. (Modified journal abstract)

8137 Medina, E. *Desarrollo del sistema de servicios de salud en Chile: perspectivas históricas. (Development of Chile's health services: historical perspectives).* Revista Médica de Chile (Santiago), 107(12), Dec 1979, 1135-1140. Span. 10 refs.
Seminario sobre Perspectivas de la Organización y Funcionamiento del Sector Salud en Chile, Viña del Mar, Chile, 18-21 Oct 1979.

This paper discusses how the particular geographic, socioeconomic, and health characteristics of the Chilean people conditioned the development of the national health service. Some statistical data are included. (HC-L)

8138 Nichols, A.W. *Primary health care in the Middle East.* Tropical Doctor (London), 11(4), Oct 1981, 166-173. Engl. 25 refs.

During a 2-month tour of the Middle East, the author studied the primary care systems of Israel, Egypt, the Sudan, Bahrain, Yemen, and Lebanon, with particular emphasis on manpower training and utilization. Five factors identified as necessary for the successful implementation of primary care programmes in this region are community involvement, consolidation of services, use of auxiliary personnel, system and institution affiliation, and financial support for primary care programmes. (DP-E)

8139 Nsanzu, H., Aluoch, J.A., Stott, H. *Studies of the use of simple case-finding methods for pulmonary tuberculosis in Kenya.* Bulletin of the International Union Against Tuberculosis (Paris), 54(3/4), Dec 1979, 278-279. Engl.

Using a population of 54 000 villagers aged more than 6 years from three locations in Machakos district, Kenya, three types of case-finding studies based on the bacteriological examination of sputum were undertaken and compared. The identification of suspected cases by household heads was considered too cumbersome and impractical; the interrogation of village elders was easier and more productive, although they tended to identify old, previously registered cases. The 2nd method — testing outpatients with chronic cough — proved effective but disappointing in terms of number of cases detected. The tracing and examination of registered patients was practical and easy, although the number of cases identified among their family members and contacts was surprisingly low. The authors suggest that more research in this area is needed. (DP-E)

8140 Nagpala, C. *Better life for Leyte.* World Health (Geneva), Oct 1980, 24-27. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The *barangay* network in Leyte, the Philippines, is described. Under this system, groups of families elect members to the *barangay* council, which is responsible to the entire community, thus providing a two-way channel of communication. The initiatives taken by the *barangay* in health and economic development (which must go hand in hand) are described and their successes noted. As the various programmes succeeded, the villagers became more inclined to participate in the process, thus making the process more meaningful. The role of the health worker in this scheme is briefly discussed. (DP-E)

8141 Ojofeitimi, E.O., Teniola, S.O. *Evaluation of nutrition rehabilitation centre in Ile-Ife, Oyo State, Nigeria.* World Review of Nutrition and Dietetics, (Basel), 35, 1980, 87-95. Engl. Refs.

In order to evaluate the Nutrition Rehabilitation Centre (NRC) at Ile-Ife, Nigeria, a number of studies were carried out using 30 randomly selected children aged 9 months-4 years who were attending the centre. These studies focused on the organization of the NRC, the children's anthropometric measurements, their mothers' beliefs about the causes of protein energy malnutrition (PEM), taboos about food, infections found in association with PEM, home visits, and relapses and mortality. The results of the evaluation are discussed and statistical data are included. (DP-E)

8142 Patton, R.C. *Workable plan for improving health care in developing nations.* Tropical Doctor (London), 10(4), Oct 1980, 192-194. Engl.

In 1969, two South Korean townships consisting of 50 villages and 24 000 people were chosen as the site for a demonstration project in community health. The steps taken in the establishment of local health services is described. The authors feel that the essential features of the project are the employment of local people as volunteers and paramedicals, referral from lower to higher levels of medical care, and emphasis on family planning, maternal health, nutrition, etc. The results to date indicate that the project has demonstrated a viable means of providing modern health care in needy and remote areas. Some statistical data are included. (DP-E)

8143 Quesada, M.L. *PNA's primary health care project — two years after.* Philippine Journal of Nursing (Manila), 49(3), Jul-Sep 1979, 115-123. Engl.

In 1977, a primary health care project was established in the *barangay* at Parang, Marikina, as part of the Philippine Nurses Association community-based health programme. Its activities included: meetings with and training of community leaders; provision of primary nursing services including health education, home visiting, etc.; training, organization, and supervision of *barangay* health workers; and training of nursing students. An evaluation of the project stresses the contribution it made to the community. It is concluded that the Philippine Nurses Association could now phase out its activities in favour of community-sponsored projects. (DP-E)

8144 Roberts, J., Hollie, C. *Peace Corps health sector: Peace Corps' response to the health conditions of the developing world.* Washington, D.C., Agency for Volunteer Service, Office of Policy and Planning, Evaluation Division, Apr 1977. 1v. (various pagings). Engl. Refs.

This monograph presents an evaluation of US Peace

Corps health sector activities in developing countries, focusing on the response to the needs of the host country, the effectiveness of the programming process, and the efficiency of the use of volunteers. The final section contains conclusions, observations, and recommendations. There are four appendices, one of which is a detailed discussion of the methodology employed in the study. Copious statistical data are included. (Modified journal abstract)

8145 **Rosell Rosell, L., Amable Ambros, Z.** *Enfoque sistémico de la estructura hospitalaria; propuesta de una nueva estructura. (Systematic approach to hospital structure; proposal for a new structure).* Revista Cubana de Administración de Salud (Havana), 6(4), Oct-Dec 1980, 295-313. Span.

Using a systems analysis approach with a cybernetics character, this paper evaluates the present organizational structure of a Cuban clinical-surgical teaching hospital; proposes two structural variations; and determines the most effective of the two in terms of, basically, the extent to which its subsystems and their purposes contribute to the overall purposes of the system as a whole. (HC-L)

8146 **Sebai, Z.A., Miller, D.L., Ba'aqeel, H.** *Study of three health centres in rural Saudi Arabia.* Saudi Medical Journal (Riyadh, Saudi Arabia), 1(4), Apr 1980, 197-202. Engl.

After giving some background information on Saudi Arabia and the organization of its health services, the authors describe the activities of three rural health centres. These centres provide almost no preventive health services. This may be due to a number of factors: the hospital-based training of the physicians, the shortage of Saudis on the professional staff, inadequate planning and supervision by health authorities, and lack of community participation. The author suggests that the centres should be studied at regular intervals to ensure that they are in harmony with government plans for decentralization of health services and strengthening of primary health care. Some statistical data are included. (DP-E)

8147 **Sabolov, D.K., Assall, J.E., Zöllner, H.** *Gabrovo health services model in the People's Republic of Bulgaria; report on a study.* Copenhagen, WHO, EURO Reports and Studies No. 27, 1980. 94p. Engl.

This WHO document reports on the development of health services in Gabrovo, Okrug province, in the People's Republic of Bulgaria. The present health programme was started in 1972. The administration and health services structure, health problems, manpower, health education, and financing of health services in Bulgaria and the health problems, health services structure and health administration of the Gabrovo district are discussed. The objectives of the Gabrovo model (environmental health protection, quality of health care, health services and management), its practical experiences, and future development are outlined. Statistical data are included. (AF)

8148 **Tandon, B.N., Bhatnagar, S.** *Integrated Child Development Services scheme — objectives, organisation and implementation.* Indian Journal of Public Health (Calcutta, India), 23(3), Jul-Sep 1979, 118-122. Engl.

In 1975, India launched the Integrated Child Development Services (ICDS) scheme with 33 block projects designed to provide nutrition and health services to preschool children and to women aged 15-44 years. The organizational structure and the project workloads are described, with emphasis on personnel training, monitoring and evaluation, and the role of medical colleges. The achievements of the ICDS included the establishment of an infrastructure, the training and supervision of auxiliaries, and the conducting of several surveys. The special benefits of the ICDS are listed and recommendations made for strategic improvements. (DP-E)

8149 **van Luijk, J.N.** *III. Profile, expectation and satisfaction of outpatients (1970-1972).* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(3), Sep 1979. Suppl., S33-S59. Engl. Refs.

See also entry 8150.

This paper presents and analyzes the results of baseline and evaluation surveys of patient satisfaction conducted before and after a number of operational changes were introduced in the outpatient department of Machakos Hospital, Kenya. Questionnaires used in both surveys are appended. (HC-L)

8150 **Vogel, L.C., Sjoerdsma, A.C., Swinkels, W.J., Weiga, H.O.** *II. Operational experiments in the outpatient department (1970-1972).* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(3), Sep 1979, Suppl., S23-S31. Engl.

See also entry 8149.

In response to complaints regarding long waiting times, crowding, and general operational inefficiency, a number of operational and structural changes were introduced into the outpatient department of Machakos Hospital, Kenya. This paper describes the changes and discusses their results as revealed in one baseline and three follow-up surveys. The changes were found to improve internal operations in the direction, if not to the extent, expected. Statistical data are included. (HC-L)

8151 **Werner, R.** *Medizinmänner (traditionelle Heilkundige) im Basisgesundheitsdienst und die Rolle der traditionellen Medizin im Hinblick auf die moderne Medizin. (Medicine men (traditional medical practitioners) in primary health care and the role of traditional medicine with regard to modern medicine).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 42(9), Sep 1980, 637-656. German. Refs.

With reference to the 1978 conference on primary health care held in Alma Ata (USSR), the author discusses positive and negative aspects of the integration and cooperation of the traditional medical practitioner (TMP) into and with modern medicine. Various reasons for rejection of such a move are presented. While some cooperation is already practiced successfully in a number of regions in Latin America, Africa, and Asia, a joint venture for traditional medicine and modern medicine would require definite principals and guidelines, e.g., the formation of a national association of TMPs and a personnel register. Tables are used to illustrate the infrastructure of traditional health services and the cooperative scheme. (EB)

8152 **WHO, Copenhagen.** *Changing patterns in mental health care*. Copenhagen, WHO, EURO Reports and Studies No. 25, 1980. 50p. Engl. 12 refs.

The current trend in mental health care is away from the mental hospital and toward an integrated, community-based service structure including psychiatric units in general hospitals, day hospitals, outpatient clinics, aftercare hospitals, and rehabilitation workshops. The transition, however, involves a complex group of financial, organizational, political, and attitudinal problems. This report describes to what extend and how successfully these problems have been overcome in certain local schemes in Italy, West Germany, Sweden, the USSR, and Switzerland. (HC-L)

8153 **Yáñez, A., Valenzuela, P.** *Tratamiento abreviado de la tuberculosis: una experiencia en grandes ciudades. (Short-course tuberculosis treatment: an experiment in large cities)*. Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 92(2), Feb 1982, 127-142. Span. 11 refs.

After an initial study in Santiago, Chile, to test the acceptability and effectiveness of short-term treatment with rifampicin, 899 patients aged more than 14 years with confirmed pulmonary tuberculosis were admitted to the programme in March 1978. Of these, 619 completed treatment with 12 failures and 37 recurrences. It is suggested that introduction of this treatment programme in other areas might greatly reduce the number of defaulters. Statistical data are included. (Modified journal abstract)

8154 **Yeoh, O.H.** *Extension of mental health care in Kelantan*. Medical Journal of Malaysia (Singapore), 33(4), Jun 1979, 289-293. Engl.

From March 1977-May 1978, a series of systematic interventions in the Psychiatric Department, General Hospital, Penang (formerly Kota Bharu), Malaysia, and the extension and improvement of provisions for mental health care in the area were carried out. As part of the extension programme, medical officers in the district were trained. These interventions and extension of care contributed to the maintenance of discharged psychiatric patients in the community, a reduction in the frequency of readmissions, and a reduction in the daily occupancy of the psychiatric wards. Early detection and treatment of cases in the community resulted in an increase of new cases. Statistical data are included. (Modified journal abstract)

V.3 Planning

See also: 8144.

8155 **Akin, A., Gray, R.H., Ramos, R.** *Training auxiliary nurse-midwives to provide IUD services in Turkey and the Philippines*. Studies in Family Planning (New York), 11(5), May 1980, 178-187. Engl.

Fourteen auxiliary nurse-midwives (ANMs) in Turkey and 13 ANMs in the Philippines were trained in the knowledge and skills required for IUD insertion according to a specially-designed WHO manual, checklists, and instructions. The trainees were then evaluated on the basis of the frequency and nature of their misdiagnoses, their proficiency in IUD insertion, their knowledge as evidenced in a written examination, and their own and their trainers' personal evaluation; the results of a comparative trial of physician and non-physician provision of IUD services is reported elsewhere. This paper discusses the evaluation results and makes a number of recommendations for future training programmes. (HC-L)

8156 **Goldberg, M., Dab, W., Chaperon, J., Fuhrer, R., Grémy, F.** *Indicateurs de santé et "sanométrie": les aspects conceptuels des recherches récentes sur la mesure de l'état de santé d'une population. (Health indicators and health measurement: conceptual aspects of recent research on the measurement of a population's state of health)*. Revue d'Epidémiologie de Santé Publique (Paris), 27(1), 1979, 51-68. Fren.

Classical health indicators based on morbidity and mortality indices have come under criticism in recent years on the grounds that they underestimate the socioeconomic impact of health problems, are inadequate for evaluating health care delivery systems, and have but a negative measurement of health to offer. This paper examines and discusses two new ideas in health measurement. The 1st is based on the extension of the concept of morbidity and focuses on the functional limitations imposed by disease rather than the disease itself; the 2nd aims to define health in a combination of perceptive, functional, and adaptive terms, thus arriving at a positive concept of health. (HC-L)

8157 **Habicht, J.P., Berman, P.A.** *Planning primary health services from a body count?* Oxford, UK, Social Science and Medicine, n.d. 24p. Engl. 38 refs.

The authors compare two approaches to planning primary health services, the 1st based on statistical analysis and the 2nd using a number of questions that, in their view, should form the basis of health and nutrition programmes and show how each method can be applied to these questions. They discuss the limitations of using statistical analysis to evaluate programme effectiveness and stress the importance of individual and social factors in providing acceptability as well as maximum efficiency. (FM)

8158 **Klein, R.E., Read, M.S., Riecken, H.W., Brown, J.A., Pradilla, A.** *Evaluating the impact of nutrition and health programs.* New York, Plenum Press, 1979. 462p. Engl.
Pan American Health Organization International Conference on the Assessment of the Impact of Nutrition and Related Health Programs, Panama City, Panama, 1977.

Several countries in the Western hemisphere have developed extensive national food and nutrition plans directed toward high-risk populations, including food stamp or food supplement programmes, nutrition fortification, extension of primary health care, agricultural reform, and income maintenance. In an effort to establish a methodology for evaluating these programmes, the 12 conference papers presented here explore potential indicators in nutrition and health status, family structure, household economics, and educational outcomes. The sociopolitical environment is also considered. Statistical data, a list of participants, and an index are included. (RMB)

8159 **Maclean, U.** *Medical expertise and Africa.* African Affairs (London), Jul 1979, 331-338. Engl. 23 refs.

The author decries the misguided use of medical knowledge and the maldistribution of resources in developing countries that results in 75% of medical care expenditures occurring in urban areas while 75% of the population is rural. The application of rational planning to the design and operation of health services and the introduction of simple preventive measures for disease control are regularly frustrated by the desire of the African urban elite to secure living standards and styles of medical treatment comparable to those in the Western world and by multinational companies manufacturing infant feeding formulae or outfitting teaching hospitals with a view to maximizing profits. Some examples are given of attempts to change the emphasis in health services, and the authors suggest that it is up to each country to assess its health needs and provide appropriate programmes. (DPE)

8160 **Mburu, F.M.** *Critique of John H. Bryant's paper.* Social Science and Medicine (Aberdeen, UK), 14A(5), Oct 1980, 387-389. Engl.
See also entry 7777.

This article is a critique of John Bryant's paper (see See also reference above). The author argues that Bryant fails to come to grips with the politics that exist in the developing countries. As long as social justice is denied to the poor, improvements in health care will mean better health care only for the elite. Just as imposed political processes fail, so too will WHO's health policies be fruitless in the Third World. Each country must have the will to effect change, otherwise Health for All carries an "imperialistic" tinge. Further, primary health care continues to be implemented in a piecemeal fashion, lacing demonstrable benefits, and developing countries may, in the face of rising costs, fail to support the necessary changes and continue to formulate familiar policies. (DP-E)

8161 **Mburu, F.M.** *Rhetoric-implementation gap in health policy and health services delivery for a rural population in a developing country.* Social Science and Medicine (Aberdeen, UK), 13A(5), Aug 1979, 577-583. Engl. 43 refs.

Health development in developing countries involves the improvement of existing health structures, the elaboration of new strategies to cope with new demands in situations of scarce resources, and the implementation of programmes that could reach the majority of the population, which is rural. This paper discusses the system of health services available to the rural population of Kenya and how it is implemented. It goes on to show that the Kenyan health development programme stresses the improvement of hospitals in urban areas rather than the improvement of rural health services. Consequently, the rhetoric of Kenyan health planning is not consistent with actual health programmes. (Modified journal abstract)

8162 **Omawale** *Political constraints to nutritional improvement: the case of Guyana.* International Journal of Health Services (Westport, Conn.), 12(2), 1982, 231-247. Engl. 15 refs.
Workshop on Food as a Human Right, Gran, Norway, 27 Sep-3 Oct 1981.

The processes generating malnutrition are examined with particular reference to Guyana. Among important factors found to cause malnutrition are low national production, inequitable income distribution, and maladaptive cultural practices. These are located in the economy of the country and in the institutions and ideas that support that economy. Failure to alter any of these critical variables will prevent nutrition improvement, despite intervention in other variables. It is concluded that for Guyana the political process is the limiting factor that must be altered before significant nutritional improvement can occur. (Modified journal abstract)

8163 **Reid, R.A., Smith, H.L.** *Experience of the checkerboard area health system in planning for rural health care.* Public Health Reports (Rockville, Md.), 97(2), Mar-Apr 1982, 156-164. Engl.

The planning model used in the formation of the Checkerboard Area Health System (CAHS) in northwest New Mexico (USA) is described and the methodology for implementing it explained. Planning constraints included geography, population characteristics, existing health behaviour, and economy. The CAHS is evaluated in terms of measures of inpatient performance and emergency room performance, closing with a comprehensive view of the system. Statistical data are presented in seven tables. (DP-E)

8164 **Roemer, M.I.** *Health development and political policy: the lesson of Cuba.* Journal of Health, Politics, Policy and Law (Durham, N.C.), 4(4), 1980, 570-580. Engl. 26 refs.

In comparison to other Latin American countries at a similar or more advanced stage of economic development, Cuba has a relatively high ranking on major health status indicators. This paper examines the reasons for this contrast and concludes that they are largely political. This suggests that the severe health deficiencies of most developing countries are not inevitable consequences of poverty. (Journal abstract)

V.4 Geographical Distribution of Health Services and Workers

8165 **Benton, G.R., Bourne, D.E.** *Trends in the distribution of medical manpower in South Africa.* South African Medical Journal (Cape Town), 57(20), 17 May 1980, 819-823. Engl. 12 refs.

Trends in the distribution of doctors in South Africa have been demonstrated by analysis of the medical registers for the years 1936, 1946, 1960, and 1975. The data are presented in terms of urban hierarchies, universities of undergraduate education, and specialist non-specialist ratios. Statistical data are included. (Modifed journal abstract.)

8166 **Frenk, J., Hernández-Llamas, H., Alvarez-Klein, L.** *Mercado de trabajo médico; II: evolución histórica en México. (Medical market; II: historical evolution in Mexico).* Gaceta Médica de México (Mexico City), 116(6), Jun 1980, 265-284. Span. 46 refs.

The supply and demand for medical capability (physicians) in Mexico is traced through four periods: the establishment of the principal public health and social security institutions (1917-1943), slow growth of the public sector and the beginnings of specialization (1943-1958), rapid expansion of the public sector and the consolidation of specialization (1958-1967), and crisis (1967-1979), brought about by a simultaneous gearing down of public sector demand and acceleration of physician output. Emphasis is on the last two periods. Statistical data are included. (HC-L)

8167 **Lim, K.A.** *Dentists in Singapore.* Singapore Dental Journal (Singapore), 4(1), May 1979, 13-18. Engl.

The number of dentists, the dentist:population ratio for the last 30 years, and the distribution of dentists in Singapore are presented. A projection of the number of dentists in Singapore in 1988 is made. The location of private dental practices are identified and suggestions are given regarding locations for future private dental practices. Statistical data are incuded. (Modified journal abstract)

8168 **Leffman, S.** *Dental health in the Caribbean — Jamaica.* National Dental Association Quarterly (Washington, D.C.), 37(4), Jul 1979, 147-151. Engl.
Symposium on Dental Health and Dental Care in the Black Community, an International Perspective, Washington, D.C., 31 Jul 1978.

This paper discusses the dental care delivery system in the Caribbean, with special reference to Jamaica. The dentist:population ratio is poor, particularly in the rural areas but also in some urban areas. Dental services are rendered in many health centres and at special clinics but access is difficult for large segments of the population. Further, greater public awareness and dental insurance plans increase the demand for services (a good thing in itself). The situation is improving, thanks to some government intervention, but there is still a need for new educational facilities to train dentists and auxiliaries. (DP-E)

8169 **Selwyn, B.J., Conover, D., Pabón, H., Agualimpia, C.** *Ambulatory medical care services: are they being used appropriately?* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 156-171. Engl. 13 refs.
Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 1980.

By using an index listing appropriate care levels for any particular health problem and conducting a survey of community members, health planners in Cali (Colombia) discovered that health services were often being used inappropriately. Armed with this information, they implemented a programme of patient redistribution, directing patients to the appropriate level of health care system. Similarly, the problem of low rates of coverage was met by the promotion of community-oriented care by health workers and volunteers. The author feels that the analytical methods employed by them (and described in the article) are applicable in many cases. Statistical data are included. (DP-E)

8170 **Weston, J.L.** *Distribution of nurse practitioners and physician assistants: implications of legal constraints and reimbursement.* Public Health Reports (Rockville, Md.), 95(3), May-Jun 1980, 253-258. Engl.

This US study reveals that the distribution of nurse practitioners (NPs) and physician's assistants (PAs) has not achieved policy goals with respect to their deployment in medically underserved areas. There does not appear to be a definite correlation between state policies on reimbursement and legal restraints regarding NPs and PAs and their distribution. Although this finding is not surprising, it points out the problems that must be resolved if nonphysician providers are to be used to increase access to health and medical care. Statistical data are included. (Modified journal abstract)

8171 **WHO, Geneva.** *Sixth report on the world health situation; part II: review by country and area.* Geneva, WHO, 1980. 409p. Engl.
See also entry 7814.

Covering some 120 countries in the regions of Africa, America, Southeast Asia, Europe, the Eastern Mediterranean, and the Western Pacific, part II of this WHO report presents concise information on each country under the following headings: main health problems, policy, legislation, planning, programming, organization, research, education and training, establishments, manpower, expenditure, and follow-up appraisals. The analysis and evaluation in these two volumes will provide a useful basis for the attainment of health targets. (EB)

V.5 Financial Aspects

8172 **Bailey, J., Cabrera, E.** *Radio campaigns and family planning in Colombia, 1971-1974.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(2), 1980, 126-134. Engl.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana.*

Three Colombian radio campaigns are evaluated in terms of cost-effectiveness in bringing new family planning acceptors (almost always women) to the clinics advertised. The advantages and disadvantages of various evaluation methods are examined. While the campaigns were found to be most effective in large cities (in small towns, the family planning services may already have been so well known that radio advertisements were unnecessary) at a cost of US$9.54-17.72 per new acceptor, it was impossible to evaluate them in terms of their second objective, which was to "legitimize" family planning. Statistical data are included. (DP-E)

8173 **Barker, C.** *Mozambique pharmaceutical policy.* Lancet (London), 1 Oct 1983, 780-782. Engl.

In an effort to centralize pharmaceutical policy-making, the government of Mozambique established the Technical Committee for Therapeutics and Pharmacy (CTTF) in 1975. Among other activities the CTTF had reduced the number of brand-name pharmaceutical products on the national market from 13 000-2 600 and rewritten the national Formulary, similar in philosophy and content to WHO's subsequent list of essential drugs. The CTTF and Formulary positions on the issues of generic and cost-effective prescribing, procurement, and the distribution and supply of drugs are described. Attention must still be given to shortages caused by transport breakdowns, mismanagement, and inadequate funding. (RMB)

8174 **Barnett, A., Creese, A.L., Ayivor, E.C.** *Economics of pharmaceutical policy in Ghana.* International Journal of Health Services (Westport, Conn.), 10(3), 1980, 479-499. Engl. 15 refs.

In Ghana, drugs account for 24% of the recurrent expenditure of the ministry of health and as much as 75% of the recurrent expenditure of some primary health centres. Moreover, the distorting influence of the exchange rate causes the true cost of imported pharmaceuticals to be underrepresented. This paper shows how wasteful prescribing practices and uncontrolled allocation mechanisms are contributing to over-expenditure on drugs and makes some recommendations for short- and long-term improvement in the situation. Statistical data are included. (HC-L)

8175 **Barnum, H.N., Tarantola, D., Setiady, I.F.** *Cost-effectiveness of an immunization programme in Indonesia.* Bulletin of the World Health Organization (Geneva), 58(3), 1980, 400-403. Engl.

Also published in French and Spanish.

An economic analysis, based on hypothetical estimates of the programme impact, indicates that a proposed expanded programme of immunization for diphtheria, pertussis, tetanus, and tuberculosis in Indonesia can be expected to be highly cost-effective in comparison with treatment. Sensitivity tests illustrate that this conclusion remains valid even when costs are increased by 20% and benefits reduced by 50%. It was also concluded that individual immunization programmes may not be justifiable when operated independently but are justifiable when included as part of a general immunization programme. Statistical data are included. (Modified journal abstract)

8176 **Dunlop, D.W.** *Economics of Uganda's health service system: implications for health and economic planning.* Ann Arbor, Michigan State University, 1973. 354p. Engl. Refs.

Ph.D. dissertation presented to Michigan State University, Department of Economics.

This study of the economic implications of the health care system in Uganda examines the economic context of health services in that country and develops a methodology for measuring health services output that is applied to government hospitals, mission hospitals, and government rural health facilities with inpatient services. At the macro level, the analysis focuses on the impact of the system on the rate of population growth and other demographic variables, the balance of payments, employment and its distribution, and the equitable distribution of resources. Health and economic policy implications are highlighted, with emphasis on Uganda's health manpower training strategy. Appendices contain statistical data and sample medical forms. (RMB)

8177 **Dunt, D.R., Opit, L.J.** *Primary medical care in a small rural community.* Medical Journal of Australia (Sydney), 1(5), 3 Mar 1980, 229-231. Engl. 13 refs.

The authors present the results of a utilization review and cost analysis of a small community health centre in rural Australia that operates without a resident general practitioner. A visiting physician and three resident practice nurses provide 24-hour, 7-day service to the residents of the community. Results showed that adequate, comprehensive primary care was provided at a reasonable cost, comparable to the cost of health services in an urban centre. The authors conclude that such a scheme is a cost-effective method of providing small communities with health care and more efficient than building a hospital in such a community to attract resident physicians. (FM)

8178 **Kortleven, J.H., Beurlard, C.** *Evaluation of auxiliary laboratories in Cap Bon, Tunisia.* Annales de la Société Belge de Médecine Tropicale (Brussels), 60(1), 1980, 77-87. Engl. Refs.

As part of a project of integrated medicine, a small laboratory was installed in each of four auxiliary hospitals situated in the Cap Bon area, Tunisia. These laboratories were staffed by one or two technicians and equipped to perform some simple laboratory tests. This paper presents an evaluation of the cost-effectiveness of these laboratories and of the quality of their work. It is concluded that these laboratories can be cost-effective if they are shared by the services of preventive and curative medicine. The quality of their work is acceptable if they are regularly supervised. Statistical data are included. (Modified journal abstract)

8179 **Pacheco, C.R.** *Ventajas operativos de los esquemas de corta duración en las condiciones del Programa de Tuberculosis en México. (Operational advantages of short-term schemes in the Mexican Tuberculosis Programme).* Salud Pública de México (Mexico City), 21(5), Sep-Oct 1979, 477-485. Span.

Short-term (6-month) tuberculosis treatment schemes have been shown to be more effective than the standard 12-month regimen in developing countries, notably because of the reduced dropout rate that they incur. A study in Mexico City revealed that the short-term treatment cost considerably more per patient than the standard treatment; however, the difference between the two became less significant when the cost of retreating dropouts and recidivists was considered. Studies of the feasibility of implementing the short-term scheme on a nationwide basis are to begin soon. (HC-L)

8180 **Piachaud, D.** *Medicines and the Third World.* Social Science and Medicine (Aberdeen, UK), 14C(3), Sep 1980, 183-189. Engl. 10 refs.

Based on international trade data for the years 1971, 1974, and 1975, expenditure on medicinal and pharmaceutical products was calculated for 58 countries with a population of over 1 million and a gross national product *per capita* of less than US$1 000. This paper presents and analyzes the study results. Most striking were the wide variation of *per capita* drug expenditures, between countries, the high level of expenditure on drugs relative to government health expenditure, and the high rate of growth of drug expenditure relative to the rate of growth of the economy. (HC-L)

8181 **Ponnighaus, J.M.** *Cost/benefit of measles immunization: a study from southern Zambia.* Journal of Tropical Medicine and Hygiene (London), 83(4), Aug 1980, 141-149. Engl. Refs.

A 1978 cost-benefit analysis of measles immunization in southern Zambia is presented. The result of such an analysis is partly determined by the importance given to certain intangible benefits, but the process can at least provide a basis for a discussion of the merits of different programmes. The author recommends that, in areas where the use of the vaccine is not feasible (such as areas without 24-hour electricity), efforts should be directed toward reducing infant mortality by providing adequate nutrition, etc. In the meantime, the development of a more stable vaccine is highly desirable. Statistical data and formulae are included. (DP-E)

8182 **Popkin, B.M., Solón, F.S., Fernández, T., Latham, M.C.** *Benefit-cost analysis in the nutrition area: a project in the Philippines.* Social Science and Medicine (Aberdeen, UK), 14C(3), Sep 1980, 207-216. Engl. 15 refs.

A benefit-cost analysis framework was developed to compare the relative effectiveness of three programmes designed to eliminate vitamin A deficiency. Programme benefits in terms of reduced mortality, blindness, morbidity and treatment costs, the effectiveness of each programme against each type of benefit, and direct and indirect programme costs were calculated. The three programmes were the distribution twice yearly of a mass dosage vitamin A capsule, vitamin A fortification of monosodium glutamate (MSG), and a public health intervention that used paraprofessionals for an education, sanitation, immunization, and horticulture programme. Benefits and costs accruing to children were compared and the resulting benefit-cost ratios showed that the fortification and mass dosage programmes had social benefits much greater than their costs. Statistical data are included. (Modified journal abstract)

8183 **Scheffler, R.M., Paringer, L.** *Review of the economic evidence on prevention.* Medical Care (Philadelphia, Pa.), 18(5), May 1980, 473-484. Engl. 75 refs.

By reviewing a number of selected studies on benefit-cost analysis and cost-effectiveness analysis, the authors examine the economic findings on preventive health care. While methodological problems and implementation difficulties restrict the usefulness of such analyses, they can stimulate improved resource allocations. Three areas of preventive health strategies are analyzed: lifestyle changes including alterations in personal habits; public health measures such as immunization, water fluoridation, and food inspection; and screening for diseases. The actual value of these preventive measures is difficult to estimate since pain and suffering caused by illness, the real cost to the individual, is often not included in such studies. (EB)

8184 **Tiddens, H.A.** *Health care delivery; common problems throughout the world.* New York State Journal of Medicine (New York), 80, Jan 1980, 103-111. Engl.
Annual Medical Board Meeting of the Bronx Municipal Hospital Center, New York, N.Y., 20 Dec 1978.

A study in four countries (Somalia, Denmark, the Netherlands, and the UK) with different levels of development and public health systems shows similar problems, in particular an increase in health expenditures partly due to useless waste difficulties in harmonizing the medical personnel with the numbers and the needs of patients. This is true at various levels: qualification, between regions, between countries; inadequate care for the handicapped and the aged; a lack of dynamism and coordination for research programmes and public health measures, especially with respect to prevention. The physicians' share of responsibility for this is discussed. Statistical data are included. (Modified journal abstract)

8185 **Wood, C.H.** *Political economy of infant mortality in São Paulo, Brazil.* International Journal of Health Services (Westport, Conn.), 12(2), 1982, 215-229. Engl. 42 refs.

After the military took power in Brazil in 1964, the government adopted a wide range of policies designed to stimulate economic growth. A central aspect of the Brazilian model of development was the control of wages. From 1964-1975, this strategy caused the purchasing power of the minimum wage in the city of São Paulo to decline; this decline was associated with a rise in infant mortality. When real wages rose after 1974, the death rate dropped off. The trends in infant mortality cannot be explained by other factors and the causal relationship suggested is supported by other data. Statistical data are included. (Modified journal abstract)

8186 **Yudkin, J.S.** *Economics of pharmaceutical supply in Tanzania.* International Journal of Health Services (Westport, Conn.), 10(3), 1980, 455-477. Engl. 56 refs.

This paper analyzes the patterns of purchasing, distribution, and utilization of pharmaceuticals in Tanzania, where the market has been developed mainly by the multinational drug companies using promotional techniques that would be illegal in developed countries. As a result, expensive proprietary drugs are overpurchased and overprescribed, mainly in the large urban hospitals, with consequent deprivation of other health care facilities, particularly those for the rural peasants who form the majority of the population. The activities of the multinational pharmaceutical companies in the Third World are therefore an important component in the continuing underdevelopment of health in these nations. Statistical data are included. (Modified journal abstract)

V.6 Cultural Aspects

See also: 7832, 7962, 8114, 8151, 8263.

8187 **Ansell, C.** *Women and health in Mahweit Town.* Sanaa, Yemen, American Save the Children, Applied Research Report, No. 4, Mar 1981. 9p. Engl. Unpublished document.

With the opening of the Mahweit (Yemen) Nutrition Centre in June, 1978, it was considered essential to investigate local conditions as a context in which to place the centre. This report, based on data collected from May 1979-May 1980, deals with part of that context: the average Mahweiti woman's perceptions of health and sickness. These women are very involved with their own and their children's health. This has resulted in the development of female health specialists and in a wealth of home-based protections and remedies. While clinging to their traditional beliefs and practices, the women have found ways to interpret modern medicine to correspond to their own scheme of things. (Modified journal abstract)

8188 **Cherian, A.** *Attitudes and practices of infant feeding in Zaria, Nigeria.* Ecology of Food and Nutrition (London), 11(2), 1981, 75-80. Engl. Refs.

In this 1979 study, 250 low-income pregnant Nigerian women attending an antenatal clinic at Ahmadu Bello University Hospital, Zaria, Nigeria, were interviewed regarding their attitudes and infant feeding practices. Results revealed that 66% had used commercial milk formulas for no particular reason, although insufficient breast milk and the father's purchase of artificial feeds were occasionally mentioned. The period of breast-feeding and method of weaning varied with the mother's education. Nutritious foods such as eggs and meat were not normally given to children because of cultural prohibitions. Statistical data are included. (DP-E)

8189 **Chinese Medical Journal, Peking.** *Antimalaria studies on Quinghaosu.* Chinese Medical Journal (Peking), 92(12), Dec 1979, 811-816. Engl. 10 refs.

In 1972, an effective antimalaria constituent was extracted from a traditional Chinese medicinal herb Qinghao (*Artemisia annua l*) and was named Qinghaosu. Since then, clinical, pharmacological, and chemical studies of this substance have been carried out, as have investigations of its habitat and natural supply. The drug has low toxicity and direct parasiticidal action on plasmodium in the erythrocytic stage; the parasites cleared more rapidly than with chloroquine and quinine. Four tables showing the results of tests are included. (Modified journal abstract)

8190 **el Kheir, Y.M., el Tohami, M.S.** *Investigation of molluscicidal activity of certain Sudanese plants used in folk-medicine I.* Journal of Tropical Medicine and Hygiene (London), 82(11/12), Nov-Dec 1979, 237-241. Engl. 13 refs.
See also entry 8191.

A preliminary biological screening for molluscicidal activity of certain Sudanese plants used in folk medicine was carried out on 78 samples belonging to 51 species, 45 genera and 28 families. The aqueous extracts of 18 samples were found to be active against *Bulinus truncatus* and 7 of these were also active against *Biomphalaria pfeifferi*. The results of successive extractions of the active samples with petroleum ether, ethanol, and water are discussed and presented as statistical data. (Modified journal abstract)

8191 **el Kheir, Y.M., el Tohami, M.S.** *Investigation of molluscicidal activity of certain Sudanese plants used in folk medicine II.* Journal of Tropical Medicine and Hygiene (London), 82(11/12), Nov-Dec 1979, 242-247. Engl. 10 refs.
See also entry 8190.

The molluscicidal activity of *Gnidia kraussiana* Meisn leaf, stem and root was studied. Each morphological part was extracted with cold and boiling water, different organic solvents, and successively with organic solvents of increasing popularity. The effectiveness of these extractions is evaluated and presented as statistical data. (Modified journal abstract)

8192 **Horikoshi, H.** Asrama*: an Islamic psychiatric institution in West Java.* Social Science and Medicine (Aberdeen, UK), 14B(3), Aug 1980, 157-165. Engl. 19 refs.

In Islamic societies, medicine is an integrated part of religious tradition. Originating from Greek humoral therapy and based on Arab prophetic medicine, the medical tradition of the Moslem Sundanese in Indonesia is coherently organized according to a set of medical beliefs. For them, illness is not only a physiological disorder caused by humoral imbalance but also a moral and religious disorder stemming from the patient's inadequate religious faith. Treatment of illness will therefore be directed towards a restoration of both physiological and religious order in the patient. This paper discusses the therapeutic process of the Moslem Sundanese psychiatry and examines by means of a symbolic analysis its internal logical organizations. (Journal abstract)

8193 **Janzen, J.M.** *Quest for therapy in Lower Zaire.* Berkeley, Cal., University of California Press, Comparative Studies of Health Systems and Medical Care, 1978. 266p. Engl. Refs.

Virtually all medical systems in the world today are pluralistic i.e., include both traditional and Western practices. With a view to clarifying the dynamics of medical pluralism, this book presents an ethnographic account of how medical clients in one region of lower Zaire diagnose illness, select therapies, and evaluate treatments. The material is organized as follows: part 1 contains background information and a history of medical pluralism in the region; part 2 presents case histories of therapy management; and part 3 analyzes the patterns that link the historical structures described in part 1 with the social processes exemplified by the narratives in part 2. A herbarium of medicinal plants used in the region is appended. (HC-L)

8194 **Khosla, T.** *Plight of female infants in India.* Journal of Epidemiology and Community Health (London), 34(2), Jun 1980, 143-146. Engl. 9 refs.

For most human populations, the infant mortality for males is about 20%-30% higher than for females, but in several states of India male infants experience a better survival than females. Most social, religious, and economic factors appear to operate against females throughout India. In the agriculturally prosperous states of Haryana and Punjab, the neglect of female infants appears most severe; it is estimated that more than 10 000 die of neglect each year. Additional reasons could well be deeply rooted in the turbulent history of northwestern India, which has borne the brunt of savage invasions through Afghanistan for several centuries. Statistical data are included. (Modified journal abstract)

8195 **Kronenfeld, J.J., Wasner, C.** *Use of unorthodox therapies and marginal practitioners.* Social Science and Medicine (Aberdeen, UK), 16(11), 1982, 1119-1125. Engl. 36 refs.

This US study examines the extent of the utilization of unorthodox therapies and marginal practitioners among patients with one broad category of chronic disease, rheumatic disorders. Almost all respondents (94%) had tried some unorthodox remedy or practitioner, and several had used 13 unorthodox remedies or practitioners. There was no relationship between age, sex, race, geographic location, education, or income and usage of treatments. This study provides evidence that some elements of folk medicine practice continue to exist among most segments of the US population and that this issue deserves further research. Statistical data are included. (Modified journal abstract)

8196 **Ledward, R.S.** *Initial experiences in a new gynaecological unit in Saudi Arabia.* Tropical Doctor (London), 11(4), Oct 1981, 164-165. Engl.

This study of the last 6 months of operation of the obstetric and gynaecology unit of the Riyadh Military Hospital (Saudi Arabia) analyzes the records of 211 patients seen during that time. A high proportion (33%) attended because of infertility; the incidence of cancer and venereal disease was extremely low. Statistical data are included. (DP-E)

8197 **Lock, M.M.** *Examination of the influence of traditional therapeutic systems on the practice of cosmopolitan medicine in Japan.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(3), Autumn 1980, 221-229. Engl. Refs.

The Japanese health care system is frequently criticized within Japan for the over-prescription of medication. This problem is analyzed by examining the modern medical system as a cultural construct. Attitudes towards medication derived from the traditional East Asian medical system are delineated and their reinforcement through other cultural institutions is discussed. The implications of the persistence of these attitudes for contemporary medical practice is examined. (Journal abstract)

8198 **Manchanda, K.S., Kumar, V., Bhatnagar, V.** *Understanding of diseases and treatment-seeking pattern of childhood illnesses in rural Haryana, India.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(1), Mar 1980, 70-75. Engl. Refs.

In this 1978 study, 262 rural inhabitants of Haryana, India, were interviewed regarding their knowledge of the causes of 10 common childhood diseases. Chickenpox, measles, and marasmus were attributed to supernatural causes by 27%, 28%, and 50% of respondents respectively. Older age groups, illiterates, socially lower castes, and people living more than 5 km from a government health post believe more in the supernatural causation of diseases. Registered indigenous medicine practitioners and traditional birth attendants were generally utilized for curative medicine and obstetric care. Statistical data are included. (Modified journal abstract)

8199 **Nandi, D.N., Mukherjee, S.P., Boral, G.C., Banerjee, R., Ghosh, A.** *Socio-economic status and mental morbidity in certain tribes and castes in India — a cross-cultural study.* British Journal of Psychiatry (London), 136(1), 1980, 73-85. Engl. Refs.

In a survey of all the tribal and caste groups residing in a cluster of villages in West Bengal, India (a total of 4 053 persons), it was found that, in each group, higher socioeconomic classes had higher rates of mental morbidity. Different groups having a similar cultural pattern showed no significant difference in their rates of morbidity. Groups having different cultural patterns differed significantly in their rates of morbidity. In the tribal groups, some neurotic disorders were absent. The authors speculate on the reasons for the findings. Statistical data and an appendix giving the operational definition of a "case" are included. (Modified journal abstract)

8200 **Oyebola, D.D.** *Some aspects of Yoruba traditional healers and their practice.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(3), 1980, 318-325. Engl. Refs.

This study of 156 traditional healers/midwives randomly selected from all over the Yoruba-speaking areas of Nigeria documents sociological data (age, sex, religion, educational status) and other details of their personal and job histories. The results show that 72.4% were more than 40 years old, that all traditional healers/midwives are trained before they start to practice, and that people from all walks of life consult traditional healers for diverse reasons. The results of this study were compared and contrasted with the practice of traditional medicine in other parts of Nigeria and in other countries. Statistical data are included. (Modified journal abstract)

8201 **Palgi, P.** *Persistent traditional Yemenite ways of dealing with stress in Israel.* Mental Health and Society (Basel, Switzerland), 5(3/4), 1978, 113-140. Engl. Refs.

Using her own clinical-field material, the author, an anthropologist working in ethnopsychiatry, analyzes and illustrates contemporary Israeli-Yemenite cultural concepts and therapeutic approaches to mental illness. The sources and content of the traditional Yemenite health system are historically traced, with particular emphasis on Judaism as the moral matrix. Despite the continuing identification and involvement with the traditional bases of health beliefs, it is pointed out that this folk conservatism has been no bar to the acceptance and utilization of scientific medicine. The Yemenite has been able to integrate, without apparent cognitive dissonance, both traditional healers and modern physicians. (Modified journal abstract)

8202 **Pedersen, D., Coloma, C.** *Traditional medicine in Ecuador: the structure of the non-formal health systems.* Social Science and Medicine (Aberdeen, UK), 17(17), 1983, 1249-1255. Engl. 12 refs.

Surveys, interviews, and case studies were the main tools of this 1979-1980 study, carried out in four villages in Ecuador, of Western and traditional medical practices and their relationship with health status. Morbidity and mortality data from the study show that the health situation is similar or worse in those villages with local medical services than in those with remote access to hospital facilities. The reported consultation and follow-up of actual cases revealed the existence of complex social networks for disease interpretation and management that combine Western and traditional medical practices and religious and lay family healing procedures. (Modified journal abstract)

8203 **Bold, J., Gurruwiwi, M.** *Attitudes towards family planning among the women of a northern Australian Aboriginal community.* Medical Journal of Australia (Sydney), 2, 24 Feb 1979, Suppl., 5-7. Engl. 10 refs.

The results of a survey of the attitudes of 92 women from a Sydney, Australia, Aboriginal community toward childbearing and family planning are analyzed. The majority of the women stated a preference for well-spaced families of a size that enabled a mother to care adequately for her children. The respondents were almost unanimously in favour of the use, when desired, of Western contraceptive methods. One of the authors suggests that these attitudes reflect traditional norms of family structure and that they are also based on a critical appraisal by the women of the community of the demands of caring for young children. These demands are exacerbated by a depressed socioeconomic environment. (Modified journal abstract)

8204 **Spencer, C.P., Heggenhougen, H.K., Navaratnam, V.** *Traditional therapies and the treatment of drug dependence in Southeast Asia.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(3), Autumn 1980, 230-238. Engl. Refs.

Many countries in Southeast Asia have traditional methods for treating drug dependence or healers who are amplifying traditional methods to meet contemporary needs. Some treatments, for example those used in Buddhist monasteries in Thailand and clinics in Japan, rely upon the philosophical and religious traditions of the country; others come closer to faith healing and magic in their practices; and many use herbal preparations during detoxification and afterwards, as well as offering spiritual or secular therapy. This paper argues that careful evaluation should be made of the methods and outcome of these traditional treatments of drug dependence and summarizes some of the evidence so far published. (Modified journal abstract)

8205 **Uyanga, J.** *Characteristics of patients of spiritual healing homes and traditional doctors in southeastern Nigeria.* Social Science and Medicine (Aberdeen, UK), 13A(3), 1979, 323-329. Engl.

Interviews with 472 patients patronizing 23 spiritual healing homes and 18 native doctors in southeastern Nigeria were conducted in order to glean information on their personal characteristics, illnesses, and reasons for seeking that particular type of care. This paper discusses the results of the interviews and presents them as statistical data. It is noted that many of the patients had previously sought and been disappointed with treatment in a hospital or private clinic and, as such, represent failure on the part of the health care delivery system. (HC-L)

8206 **Watts, H.L.** *Some reactions to illness of urban black and Indian families in Durban; a summary of an exploratory study.* South African Medical Journal (Cape Town), 57(15), 12 Apr 1980, 589-591. Engl.
Conference on the Economics of Health Care in Southern Africa, Cape Town, South Africa, Sep 1978.

As part of a study relating to medical education, a 1972 survey of 101 black and 53 Indian households in Durban, South Africa, was carried out. Respondents were asked to report all cases of illness within the household in the previous year and indicate the remedies sought. The results are discussed and presented as statistical data. The findings suggest an overwhelming use of Western-type medical agencies. However, the author feels that, mainly for religious reasons, many respondents did not report the use of traditional medicines and practices. This finding has implications for community health, particularly in the areas of health education and physician training. (DP-E)

8207 **Younis, Y.O.** *Attitudes of Sudanese urban and rural population to mental illness.* Journal of Tropical Medicine and Hygiene (London), 81(12), Dec 1978, 248-251. Engl.

Urban and rural adults in Sudan were interviewed using four vignettes and a structured questionnaire in order to determine their perception of an attitude toward mental illness. Paranoid schizophrenia was readily acknowledged as serious mental illness by both urban and rural respondents; depression was less and alcoholism least recognized as a psychiatric condition. Rural were more likely than urban dwellers to advocate religious healing for mental illness and religious beliefs were reflected in attitudes toward the mentally ill — schizophrenia, which is perceived as illness, is treated with greater tolerance than is alcoholism, which is seen as sin. It is hoped that the study results will assist in the planning of a programme for extending psychiatric care through the existing health infrastructure. (HC-L)

V.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition, and Disease Control Studies

See also: 7703, 7903, 7949, 7955, 7968, 7976, 7979, 7984, 7990, 7998, 8060, 8093, 8111, 8141, 8158, 8181.

8208 **Abdel-Wahab, M.F., Strickland, G.T., El-Sahly, A., Ahmed, L., Zakaria, S.** *Schistosomiasis mansoni in an Egyptian village in the Nile delta.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 868-874. Engl. 20 refs.

Epidemiological, clinical, and laboratory data were collected on 537 Egyptian villagers from Kafr Taraan in the Nile delta in order to define the long-term morbidity produced by schistosomiasis. While there was no infection from *Schistosoma haematobium*, the prevalence of *S. mansoni* was 74% (males 78%, females 68%), peaking in field workers of both sexes. The symptoms and complications of the disease are described. Statistical data are included. (DP-E)

8209 **Abiose, A.** *Problems of cataract surgery in Lagos.* Nigerian Medical Journal (Lagos), 9(2), 1979, 253-257. Engl. Refs.

This 1970-1975 study at the Eye Clinic of the Lagos University Teaching Hospital (Nigeria) involved 318 patients with a total of 430 cataracts. With the use of tables, age distribution, types of cataract, medical problems, organisms isolated, operative complications, and visual acuity are discussed and compared to findings of various studies on eye surgery. Vitreous loss and post-operative endophthalmitis have been the two most worrying complications. The author concludes that, while recent advances in sophisticated techniques of cataract removal have greatly improved the results, the required level of perfection in eye surgery has yet to be achieved. (EB)

8210 **Abramson, J.H., Gofin, R.** *Mortality and its causes among Moslems, Druze, and Christians in Israel.* Israel Journal of Medical Sciences (Jerusalem), 15(12), Dec 1979, 965-972. Engl.

This analysis of mortality trends among Moslems, Druze, and Christians in Israel compares overall rates for each group and examines specific causes of death. Despite a striking overall decline in mortality in all three groups since the early 1950s, child mortality is still higher than among Jewish children and the mortality for men aged 45-74 years has increased, particularly among Christian men. In general, there has been a reduction in mortality due to easily preventable disease and an increase from other causes such as infective diseases, accidents, and cardiovascular diseases. Infective diseases are an important cause of death among Moslems and Druze, while ischaemic heart disease is of particular concern among Christian males. Practical applications of the study are discussed and statistical data included. (FM)

8211 **Abramson, J.H., Kark, S.L., Epstein, L.M., Hopp, C., Peritz, E.** *Community health study in Jerusalem; design and response.* Israel Journal of Medical Sciences (Jerusalem), 15(9), Sep 1979, 725-731. Engl. 23 refs.

A 1969 community health study conducted in Jerusalem investigated the aetiologic factors in selected common diseases, the development and testing of epidemiologic tools for use in community diagnosis, the provision of a factual basis for decisions concerning community health care, and the use of the findings in an evaluation of the effectiveness of community health care. In the 1st round, 90% of residents aged more than 25 years were interviewed and 81% examined. Among children aged less than 15 years, the corresponding rates were 94% and 83%. Response was low in the group aged 15-24 years, especially males. People who were concerned about their health were more willing to be examined. Response was not related to region of birth, education, or other variables. The possible bias introduced by nonresponse appeared to be small except in the group aged 15-24 years. Statistical data are included. (Modified journal abstract)

8212 Agadzi, V.K., Aboagye-Atta, Y., Nelson, J.W., Perine, P.L., Hopkins, D.R. *Resurgence of yaws in Ghana.* Lancet (London), 13 Aug 1983, 389-390. Engl.

Since a previous mass campaign ended over 10 years ago, the prevalence of yaws has once again begun to rise in areas of Ghana where the disease had almost disappeared. The organization and interim results (after 18 months) of a new yaws control programme are described and compared with those of the earlier campaign. Mobile medical field units comprising 4-7 health workers have carried out initial treatment surveys of 80% of the population and vaccinated at-risk groups against yellow fever, measles, tuberculosis, and tetanus, as well as yaws. The *per capita* cost of the programme is estimated at US$1.41. (RMB)

8213 Ai Ju, C. *Breastfeeding practices among postnatal mothers in Singapore.* Singapore Community Health Bulletin (Singapore), (22), 1981, 32-38. Engl.

A total of 2 590 Singapore mothers who delivered and attended postnatal clinics at three hospitals were interviewed to determine incidence and duration of breastfeeding, reasons for not breast-feeding, and the role played by health personnel and others in the choice of infant feeding method. The results are discussed and presented as statistical data. It was found that, while 65% of the women surveyed attempted breast-feeding, only 50% were still doing so at the end of one week, 28% at the end of one month, and 13% at the end of two months. The main reasons given for stopping were poor milk supply and inconvenience. Workers in maternal child health clinics were far more likely to encourage breast-feeding than hospital personnel or private practitioners. (DP-E)

8214 Al-Damluji, S.F. *Coughs and wheezes in Iraq.* Bulletin of the International Union against Tuberculosis (Paris), 55(1/2), Mar-Jun 1980, 28-33. Engl.

This 1978 study was conducted to clarify the magnitude, causes, and implications of respiratory diseases in Iraq, based on the limited information available. Data are presented on morbidity in children, outpatients, inpatients, mortality in adults and children, season, type of illness, and respiratory allergy. Respiratory diseases were found to be a major cause of pediatric morbidity and mortality, although it is hoped that these rates will decline as the general level of health services improves. (DP-E)

8215 Alakija, W., Sofoluwe, G.O. *Immunization state of children in a rural area of Bendel State Nigeria.* Public Health (London), 94(4), 1980, 168-173. Engl.

A survey was conducted to determine the immunization status of children of employees of the Nigerian Institute for Oil Palm Research. The study revealed that, despite the availability of weekly immunization clinics, only 58% of the children of senior staff and less than 50% of the offspring of junior, intermediate, and labour personnel had received all six scheduled immunizations. A mass campaign of immunization education and the establishment of village-level comprehensive primary health care services are called for. Statistical data are included. (HC-L)

8216 Amoni, S.S. *Acute purulent conjunctivitis in Nigerian children in Zaria.* Journal of Pediatric Ophthalmology and Strabismus (Thorofare, N.J.), 16(5), Sep-Oct 1979, 308-312. Engl.

Acute purulent conjunctivitis was seen in 61 patients aged up to 10 years from October 1975-September 1976 at Zaria, Nigeria. *Haemophilus influenzae* was the most common aetiologic agent (26.2%), followed by *Staphylococcus aureus (16.4%), N. gonorrhoeae* (14.8%), and *Diplococcus pneumonia* (9.8%). *N. gonorrhoeae* (43.8%) and *S. aureus* (37.5%) were the most common causes of conjunctivitis in the 1st month of life. Conjunctivitis from *H. influenzae* occurred in older children, was more often bilateral, and had a male predilection. Gonococcal conjunctivitis occurred mostly in neonates and was largely unilateral. A good response to treatment with parenteral penicillin and topical Neosporin or chloramphenicol was noted in all the cases of gonococcal infection. ;Modified journal abstract)

8217 Anderson, A.J. *Nutrition of Iban children of the Sut and Mujong rivers.* Journal of Tropical Pediatrics and Environmental Child Health (London), 27(1), Feb 1981, 26-35. Engl.

A 1976-1977 investigation of the nutritional status and customs of 582 Iban children aged less than 9 years found that, by WHO weight-for-age standards, 9.6% were severely and 76.5% moderately undernourished; after age 6 years, every child showed some symptoms of malnutrition while 63.1% of the children were stunted, young infants had acceptable weights and heights, showing that growth failure is due to inadequate nutrition rather than inherited constitution. Almost 30% were anaemic and 60% had some form of parasitic infestation. Endemic goitres occurred in 15.6% of children aged 4-6 years, and about 33% of the mothers. Mortality in the 1st year of life was 117:1 000 and, of the survivors, 19.3:1000. The author concludes that, with the general scarcity of food being the main cause of the widespread and serious malnutrition, means to halt the decline of food-producing ability of the Mujong region are of great urgency. Statistical data are included. (EB)

8218 Anderson, M.A. *Comparison of anthropometric measures of nutritional status in preschool children in five developing countries.* American Journal of Clinical Nutrition (Bethesda, Md.), 32(11), Nov 1979, 2339-2345. Engl. 24 refs.

In a 1976 CARE study, the weight, height, and arm circumference were measured in 7 304 children aged 9-66 months in Colombia, Costa Rica, the Dominican Republic, India, and Pakistan. Previously developed indices using these measures were applied to assess nutritional status and the agreement between measures was compared. The results are discussed and presented as statistical data. The findings show that weight for height appears to be the best single anthropometric indicator of current nutritional status in preschool children, 90% of reference weight for height limit providing a useful cut-off point for defining malnutrition. In countries with high rates of protein-energy malnutrition, arm circumference can also serve as an accurate nutritional status index. (Modified journal abstract)

8219 Aguilaniz Pernini, J.J., Castro Miranda, O., Peralta Rodríguez, J., Díaz Mújica, O. *Análisis epidemiológico de las causas de muerte en menores de 1 año. (Epidemiological analysis of mortality in infants aged less than 1 year).* Revista Cubana de Higiene y Epidemiología (Havana), 16(1), Jan-Apr 1978, 1-15. Span.

This paper presents an analysis of infant mortality from 1971-1975 in the province of Las Villas, Cuba. The causes of death are classified into 14 groups and the potential for reducing each group by preventive or curative means is discussed. (HC-L)

8220 Appleton, C.C., Bruton, M.N. *Epidemiology of schistosomiasis in the vicinity of Lake Sibaya, with a note on other areas of Tongaland (Natal, South Africa).* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 73(6), Dec 1979, 547-561. Engl. Refs.

The epidemiology of human and bovine schistosomiasis in the Lake Sibaya area of Tongaland, South Africa, is discussed. The mean prevalence of *Schistosoma haematobium* is 72%, although *S. mansoni* is absent. A human population influx, such as would result from the economic development of Tongaland, would cause not only a decline in hippopotamus and crocodile populations, thus encouraging human contact with the deeper water-bodies, but would favour the introduction of *S. mansoni* into at least some of these habitats. Statistical data are included. (Modified journal abstract)

8221 Arciniegas, A., Romero, M.T., Guzmán, E. *Prevalencia de tuberculosis entre los sintomáticos respiratorios que consultan por primera vez en los establecimientos de salud del Departamento de Risaralda, Colombia. (Prevalence of tuberculosis among first-time attenders with respiratory symptoms at the health facilities of the Department of Risaralda, Colombia).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 87(6), Dec 1979, 512-526. Span. 8 refs.

Nine primary care facilities with laboratory services in the Department of Risaralda, Colombia, participated in a survey to determine the prevalence of tuberculosis among first-time attenders. All patients with respiratory symptoms were asked to produce sputum samples for analysis and their age, sex, residence, and reason for consultation were recorded. In all, 843 (15.2%) of the patients manifested respiratory symptoms, 695 (12.6%) submitted sputum samples, and 29 (4.2%) were sputum-positive. The survey results are to be used as parameters in the programming of tuberculosis case-finding within the general health services in Risaralda. Statistical data are included. (HC-L)

8222 Asha Bai, P.V., Leela, M., Subramaniam, V.R. *Adequacy of breast milk for optimal growth of infants.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(2), Jun 1980, 158-162. Engl. Refs.

An Indian study of 384 infants revealed that the growth of breast-fed infants of both sexes was superior to that of bottle-fed infants with the breast-fed males showing the greatest mean weights and heights. None of the breast-fed and 6% of the bottle-fed infants were marasmic at 1 year of age. Breast milk fulfills the nutritional requirements of infants for 4-6 months after birth but supplementary feeding is necessary thereafter to maintain optimal growth. Where bottle-feeding is unavoidable, the provision of adequate nourishment reduces the risk of malnutrition. Statistical data are included. (Modified journal abstract)

8223 Ashford, R.W., Babona, D. *Parasites of the Purari people of Gulf Province, Papua New Guinea.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 23(4), Dec 1980, 165-198. Engl.

A survey of parasites of the Purari people of the Gulf Province of Papua New Guinea is reported. Hookworm was the commonest helminth encountered, whereas *Ascaris and Trichuris* were less frequently noted. *Strongyloides* (species unidentified) were detected in the inland Wabo area, where filariasis and malaria were also prevalent. Improvement in the standards of health of the Purari people and protection from these parasites are recommended as an integral part of any plan to develop this region. Statistical data are included. (Modified journal abstract)

8224 Atangana, S., Foumbi, J., Charlois, M., Ambroise-Thomas, P., Ripert, C. *Étude épidémiologique de l'onchocercose et du paludisme dans la région du lac de retenue de Bamendjin, Cameroun; faune malacologique locale et possibilités d'implantation des bilharzioses. (Epidemiological study of onchocerciasis and malaria in the Bamendjin reservoir area, Cameroon; malacological fauna and risks of schistosomiasis introduction).* Médecine Tropicale (Marseille, France), 39(5), Sep-Oct 1979, 537-543. Fren. 14 refs.

The population of six villages (567 individuals in all) near the reservoir of the Bamendjin Dam, Cameroon, were tested for evidence of malaria, onchocerciasis, schistosomiasis, and toxoplasmosis by means of clinical and parasitic examinations and, in some cases, immunologic examination. Analysis of the data indicate that malaria is hyperendemic in the area, that onchocerciasis is highly prevalent near the dam and the rapids of Noun, that toxoplasmosis is of little importance, and that schistosomiasis is but a potential problem, by virtue of the presence of snail vectors in the reservoir. Statistical data are included. (HC-L)

8225 **Ammoussou, G., Vladrine, J., Bretton, G., Bretton, R., Gateff, C.** *Evaluation d'un programme de lutte antituberculeuse en Côte d'Ivoire; étude des perspectives d'un traitement de courte durée. (Evaluation of an antituberculosis programme in the Ivory Coast; a study of the prospects of short-course treatment).* Médecine Tropicale (Marseilles, France), 39(2), Mar-Apr 1979, 221-229. Fren. 9 refs.

In the Ivory Coast, the drop-out rate over time in two samples of patients enrolled in the regular 18-month tuberculosis treatment regime of streptomycin, isoniazid, and prothionamide was studied. The results indicated that a significantly higher cure rate could be achieved by adopting a 6-month regime consisting of rifampicin, ethambutol, and isoniazid. Unfortunately, this regime is not feasible at present due to the prohibitive cost of rifampicin. It is therefore suggested that efforts to raise the cure rate focus on correcting the deficiencies in the delivery system until such time as the short-course treatment becomes affordable. Statistical data are included. (HC-L)

8226 **Awad el Karim, M.A., Collins, K.J., Brotherhood, J.R., Doré, C., Weiner, J.S.** *Quantitative egg excretion and work capacity in a Gezira population infected with* Schistosoma mansoni. American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(1), Jan 1980, 54-61. Engl. 18 refs.

Physiological response to physical exercise were measured in 203 Sudanese villagers and cleaners of irrigation canals in order to assess the effect of *Schistosoma mansoni* infection on work capacity. The investigations were carried out on economically active males (aged 18-45 years) of Gezira villages, where no mass antischistosomal treatment had been made. The results, which are discussed and presented as statistical data, provide quantitative evidence of the adverse effect of *S. mansoni* infection on physical working capacity. (Modified journal abstract)

8227 **Baghdady, V.S., Ghose, L.J.** *Comparison of the severity of caries attack in permanent first molars in Iraqi and Sudanese schoolchildren.* Community Dentistry and Oral Epidemiology (Copenhagen), 7(6), 1979, 346-348. Engl.

Severity of caries attack of the permanent 1st molars was investigated in 1 617 Iraqi and 725 Sudanese children aged 6-12 years. The results showed a higher rate of decayed, missing, or filled teeth in the Iraqis in all age groups, reaching a maximum of 83% at 11 years of age. The maximum level in Sudanese children was 60% at 10 years of age. One factor in the difference may be the intake of more refined foods by the Iraqis. Another possible factor may be the manner in which the Sudanese children were taught to brush their teeth. In both cases, the rate of attacks is high and preventive measures are needed. (Modified journal abstract)

8228 **Bailey, N.** *Role of nutrition in the aetiology of malignant tumours; a case report and a review.* South African Cancer Bulletin (Johannesburg, South Africa), 24(2), Apr-Jun 1980, 88-93. Engl. 19 refs.

This case report concerns a 48-year-old patient with a non-mucus-secreting papillary carcinoma of the ovary, who, having received a 5-day course of a cytostatic drug and subsequent nutrition therapy, is considered clinically cured 3-and-a-half years postoperatively. The constitution of a near-balanced diet is discussed and the reasons for failure of other forms of nutrition therapy in the management of cancer cases, e.g., Vitamin C, Vitamin A, and Vitamin B17 therapies and high fibre diets, are suggested. It appears that host resistance to the advance of the tumour can be enhanced with well-planned and balanced nutritional support, resulting in the possibility of growth recession. (EB)

8229 **Barnabas, G.** *Nutrition and child care amongst Ethiopian refugees in eastern Sudan* Journal of Tropical Pediatrics (Oxford, UK), 28(4), Aug 1982, 218-220. Engl. 3 refs., 5 tables

Of 151 Ethiopian refugee children examined at the Um Gulja camp in eastern Sudan during a nutritional survey carried out in July-August 1981, 94 (61%) were stunted but only 8 (6%) were wasted, suggesting that many had died when they reached such a level of malnutrition. The majority of these children were aged less that 2 years, born in the refugee camp, and suffering from diarrhea, which was especially prevalent during the rainy season. Child care practices among refugee families consisted of prolonged breast-feeding, late introduction of solid foods, and abrupt weaning when mothers became pregnant again. It is suggested that refugee health services should concentrate on nutrition and infectious diseases. Statistical data are included. (Modified journal abstract)

8230 **Barrell, R.A., Rowland, M.G.** *Commercial milk products and indigenous weaning foods in a rural West African environment: a bacteriological perspective.* Journal of Hygiene (Cambridge, UK), 84(2), 1980, 191-202. Engl. 18 refs.

Two commercially available baby milks and a traditional weaning food, millet gruel, were prepared and stored under village conditions in West Africa. Increases in total colony count and in number of *Bacillus cereus*, *Clostridium welchii*, *Staphylococcus aureus*, and *Escherichia coli* were determined in these products when stored as commonly practised at ambient temperatures over a period of 8 hours. Poor hygiene during preparation was indicated by readily detectable numbers of coliforms and *E. coli* in freshly prepared samples of each of the milks, though the cooked local gruel seemed less vulnerable in this respect. When the food was not eaten shortly after preparation, the problem of bacterial overgrowth was as great with the local gruel as with the considerably more nutritious reconstituted milks. Statistical data are included. (Modified journal abstract)

8231 **Begum, R., Hussain, M.A., Abdullah, M., Ahmed, K.** *Study of food habits, food practices and taboos in Bangladesh: their implications in nutrition education.* Bangladesh Medical Research Council Bulletin (Dacca), 5(1), Jun 1979, 1-13. Engl. Refs.

This paper presents the findings of a retrospective study conducted to determine the prevailing food habits, food taboos, and practices among 381 mothers selected randomly from 12 Bangladesh villages. Undesirable food taboos and practices, maldistribution of food, lack of understanding of the nutritional needs of the vulnerable groups, and bad cooking practices were found to be widespread in rural areas. Nutritional and health implications of these findings are discussed and remedial measures suggested. Statistical data are included. (Modified journal abstract)

8232 **Benjamin, A., Biddulph, J.** *Port Moresby infant feeding survey, 1979.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 23(2), Jun 1980, 92-96. Engl.

A 1979 survey of 149 children aged less than 2 years in Port Moresby, Papua New Guinea, to assess the impact of legislation restricting the sale of feeding bottles revealed that 127 (88%) of the children were breast-fed as compared to 65% of children surveyed in 1976. The number of children whose weight-for-age was below the 80% standard had also dropped 9%. Only one of the bottle-feeding mothers had obtained her feeding bottle illegally and the legislation is considered of major importance in promoting the increase in breast-feeding. Statistical data are included. (DP-E)

8233 **Biggar, R.J., Collins, W.E., Campbell, C.C.** *Serological response to primary malaria infection in urban Ghanaian infants.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 720-724. Engl. 25 refs.

Thirty-one neonates from Accra, Ghana, were visited monthly for the 1st 15 months of life to determine their serologic response to primary malaria infection. Only 10 episodes of seroconversion were noted, although the majority of seroconverting infants had no symptoms of illness except for, in 3 cases, splenic enlargement. This study suggests that symptoms of malaria infection in infancy are often minimal, but that the moderation of symptoms is due to factors other than maternally transmitted antimalarial antibodies. Also, malaria appeared to be less common than expected in Accra. (DP-E)

8234 **Bignall, J.R.** *National survey of the results of routine treatment of pulmonary tuberculosis.* Bulletin of the International Union against Tuberculosis (Paris), 53(2), Jun 1978, 112-114. Engl.

A methodology for evaluating the routine treatment of pulmonary tuberculosis is being tested in Algeria, Portugal, and Romania. Its main objective is to devise and assess a simple design for a prospective survey that can be applied in any country with the basic minimum of records and clinic organization. The results of the 1st 4 months of testing are presented. (DP-E)

8235 **Bhu, G.** *Nutrition adequacy of Punjab Haryana cultivator families.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(4), Apr 1980, 130-139. Engl.

Analysis of the nutritional adequacy of the diet of 16 Indian agricultural families was carried out by comparing actual intake of different nutrients to calculated needs. The results are discussed and presented as statistical data. It was found that lower nutritional adequacy ratios were clearly associated with larger size families, especially those with many children, and lower family consumption spending. (DP-E)

8236 **Boon, W.H.** *Child health in Singapore — past, present and future.* Journal of the Singapore Paediatric Society (Singapore), 21(1/2), 1979, 22-37. Engl. 30 refs.

The author divides the history of child health care in Singapore into three periods: the colonial period until 1945, the years 1946-1962, and from 1962 to the present, summarizing the state of child health during each period. Statistics for the 1st two periods reveal poor nutrition and a high infant mortality, due largely to infectious diseases. In the 3rd section, the author discusses recent achievements in reducing child mortality and improving nutrition, as well as the results of efforts to control specific diseases such as diphtheria, poliomyelitis, diarrhea, pneumonia, and tuberculosis. Future emphasis should be on improving health rather than on preventing mortality. Statistical data are included. (FM)

8237 **Bourdillon, F., Monjour, L., Druilhe, P., Frigerg-Blanc, A., Kyelem, J.M.** *Syphilis endémique en Haute-Volta: un aspect particulier du profil épidémiologique. (Peculiar epidemiological aspect of endemic syphilis in Upper Volta).* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 74(4), 1981, 375-381. Fren.

In a village in the savanna region of Upper Volta, all children and adolescents were physically examined for clinical evidence of syphilis and blood tested for serological treponematosis using the indirect immunofluorescence technique. A total of 367 children aged 4-15 years participated in the survey. This paper describes the survey methodology and presents its results. Prevalence of endemic syphilis was found to be 10.3%. The distribution of the disease in microfoci within the village implicates direct personal contact as the mode of transmission. Congenital syphilis is ruled out, as no cases were found in children aged less than 5 years. (HC-L)

8238 **Bourlard, C., Djemma, Y., Chabli, H.** *Lutte antirabique au Cap-Bon (Tunisie) de 1973 à 1977. (Rabies prevention at Cape Bon (Tunisia) from 1973 to 1977).* Archives de l'Institut Pasteur de Tunis (Tunis), 55(3), Sep 1978, 275-291. Fren. 10 refs.

Decentralization of rabies control programmes in the Cape Bon area, Tunisia, was carried out from 1973-1977, improving the availability of treatment for people in isolated areas. By 1977, four new clinics were opened and the number of people attending the clinics had tripled. Moreover, with improved access to treatment facilities, a greater percentage of patients continued treatment after their 1st visit. Rabies prevention depends on five criteria: systematic destruction of wild dogs, shortest possible time lag between exposure to rabies and 1st treatment, recognition of the animal, local treatments of the wound, and uninterrupted vaccination treatment. (FM)

8239 **Brinkmann, U.K.** *Prevalence of onchocerciasis in Togo.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 31(1), 1980, 67-74. Engl. 13 refs.

This compilation of results of onchocerciasis surveys in Togo shows discrepancies that are attributed to sampling and the sensitivity of methods used for assessment. A prevalence map shows the infection to be most intense near rivers, with only the coastal region, which is void of simuliid breeding sites, free from the disease. This exercise is seen as a 1st step towards a description of geographical epidemiology in Togo. Copious statistical data are included. (Modified journal abstract)

8240 **Briscoe, J.** *Are voluntary agencies helping to improve health in Bangladesh?* International Journal of Health Services (Westport, Conn.), 10(1), 1980, 47-69. Engl. 43 refs.

Since independence in 1971, a large number of health programmes run by local and foreign voluntary organizations have been started in Bangladesh. On the basis of an analysis of the underlying causes of ill health in Bangladesh, a criterion for the assessment of these health programmes is developed, with emphasis on a case study of the Bangladesh Rural Advancement Committee (BRAC) in Sulla. A basic premise of this analysis is that ill health in particular communities is not simply a result of local conditions; rather, the structural determinants of ill health are frequently national and even international in scope. The effect of these structural determinants of the presence and funding policies of the many voluntary agencies in Bangladesh is assessed by analyzing the performance of the Oxford Famine Relief Committee. (Modified journal abstract)

8241 **Brooke, O.G., Brown, I.R., Bone, C.D., Carter, N.D., Cleeve, H.J.** *Vitamin D supplements in pregnant Asian women: effects on calcium status and fetal growth.* British Medical Journal (London), 280(6216), 15 Mar 1980, 751-754. Engl. 25 refs.

In a London (UK) test, calciferol (ergocalciferol, 1 000 IU/day) was administered to 59 and placebo to 67 Asian women in their last trimester of pregnancy in order to determine the effect of vitamin D supplements on calcium status and fetal growth. The results are discussed and presented as statistical data. The two groups were matched for age, height, parity, number of vegetarians, countries of origin, and sex and gestation of the infants. The findings show that the mothers in the treatment group gained weight faster, that they and their infants had adequate plasma 25-OHD concentrations, and that the infants tended to be larger for gestational age. The author recommends vitamin D supplements for all pregnant Asian women in the UK. (Modified journal abstract)

8242 **Brown, R.C., Brown, J.E., Tester, R.A.** *Evaluation of a nutrition center program in rural Africa.* Journal of Tropical Pediatrics (Kampala), 26(1), Feb 1980, 37-41. Engl. 9 refs.

A nutrition centre at Bulape, Zaire, is evaluated by measuring the growth rates of children treated in a 3-month programme with those of matched controls from neighbouring villages. The results, which are discussed and presented as statistical data, show that only the boys benefitted from the programme, and then only by an increase in height, which actually put them at a disadvantage in terms of weight-for-height when they later returned to their customary diet. Six possible reasons explaining the poor results of the nutrition centre are given. (DP-E)

8243 **Buchanan, N.** *Self-medication in a developing country.* South African Medical Journal (Cape Town), 56(15), 6 Oct 1979, 609-611. Engl. 11 refs.

The results of a study of self-medication (as assessed by medications kept in the home) among different racial groups in South Africa are discussed and presented as statistical data. Chemists were the main suppliers (in over 50% of cases) except in the rural black areas (12%) where 84% of the drugs were obtained from shops and supermarkets. The factors influencing drug dependence appeared to be the degree of westernization (or so-called "sophistication"), drug availability, and social pressures. (Modified journal abstract)

8244 **Burgess, A.P.** *Breastfeeding: the knowledge and attitudes of some health personnel in metropolitan Manila.* Journal of Tropical Pediatrics (Kampala), 26(5), Oct 1980, 168-171. Engl. 13 refs.

The results of a 1975 survey conducted among medical and nursing staff in hospitals and maternal child health units in Manila, the Philippines, are compared to a similar study conducted among public school teachers in order to assess the knowledge of and attitudes to breast-feeding among professional health workers. Although the majority of respondents were in favour of breast-feeding, their actual knowledge of its physiology, the relationship between lactation and fertility control, and other related matters was little better than that of non-professionals. The author suggests ways to improve knowledge and attitudes so that health workers can successfully promote breast-feeding. (FM)

8245 **Carr, B.A., Lee, E.S.** *Navajo tribal mortality: a life table analysis of the leading causes of death.* Social Biology (Chicago, Ill.), 25(1), 1978, 279-287. Engl. Refs.

The five leading causes of death for Navajo males and females in southwestern USA are analyzed by life table methods. Navajo male and female life expectancy at birth was 58.8 and 71.8 years, respectively. The greatest increase in Navajo male life expectancy would result from the elimination of motor vehicle accidents (5.17 years at birth, and 3.11 years for working ages 15-65). The life expectancy of Navajo females would be lengthened the most (3.7 years) by elimination of circulatory system disease. The implications of the results are discussed in relation to the various public health programmes and health planning efforts for the Navajo nation. (Modified journal abstract)

8246 **Centre International de l'Enfance/International Children's Centre, Paris.** *Croissance et développement de l'enfant; 25 ans d'activités internationales coordonées/Growth and development of the child; 25 years of internationally coordinated activites.* Paris, Courrier, 1968. 260p. Engl., Fren.

In 1952-1953, eight countries (Belgium, France, the UK, Senegal, Sweden, Switzerland, Uganda, and the USA) agreed to organize teams consisting of at least a pediatrician, a psychologist, and a social worker for the purpose of conducting longitudinal studies of child growth and development along the same research baseline. This report contains a selection of papers published by the team, plus an account of their development and current activities. Papers are presented in the language of the original — English or French — with summaries in both. (HC-L)

8247 **Chadha, R.** *Integrated child health scheme — an integration of a pre school nutrition programme with health and education services.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(3), Mar 1980, 84-89. Engl.

A pilot project in a slum area of Calcutta, India, aims to provide a package of services — nutrition supplementation, preventive and curative health care, preschool education, and health and nutrition education for mothers — to a target population comprising 1 000 preschoolers through 10 neighbourhood centres. An evaluation of the project's achievements from July 1977-June 1978 showed a trend toward improved nutrition status, most evident in severely malnourished children. Results of the evaluation are discussed and presented as statistical data. (HC-L)

8248 **Chen, L.C., Chowdhury, A.K., Huffman, S.L.** *Seasonal dimensions of energy protein malnutrition in rural Bangladesh: the role of agriculture, dietary practices, and infection.* Ecology of Food and Nutrition (London), 8(3), 1979, 175-187. Engl. 20 refs.

Based on individual and household data gathered from March 1976-September 1977, this paper explores the impact of seasonal variation in food availability, maternal work patterns, and illness on the nutritional status of a group of mothers and preschoolers in rural Bangladesh. Various interventions for alleviating the deleterious effects of periods of stress within the yearly cycle — particularly on the landless peasants — are then considered. Statistical data are included. (HC-L)

8249 **de Quadros, C.A.** *More effective immunization.* Proceedings of the Royal Society of London (Biology) (London), 209(1174), 28 Jul 1980, 111-118. Engl.

One of the major reasons why immunization programmes have not been more widely implemented in developing countries is that present knowledge is inadequately applied. Although gaps do exist in some technical and operational areas, the most important concern is the application on a larger scale of already available knowledge and technologies. Planning strategies should promote delivery of immunization services to the at-risk groups, mainly pregnant women and children aged less than 1 year, as an integral part of the primary care system. The use of immunization coverage as a simple and meaningful indicator of the extension of coverage of health services is analyzed by using data from immunization programmes in Ecuador and Costa Rica. (Modified journal abstract)

8250 **Desfontaines, M., Duvallet, G., Noves, H., Stanghellini, A.** *Situation actuelle des foyers de trypanosomiase humaine dans les états membres de l'O.C.C.G.E. (Human trypanosomiasis foci in OCCGE-member countries; present situation).* Médecine Tropicale (Marseilles, France), 39(5), Sep-Oct 1979, 509-515. Fren. 13 refs.
Dix-neuvième Conférence technique de l'Organisation de coordination et de coopération pour la lutte contre les grandes endémies en Afrique de l'Ouest, Bobo-Dioulasso, Haute Volta, 5-8 Jun 1979.

Based on official epidemiological information for the years 1966-1978, this paper summarizes the status of trypanosomiasis (sleeping sickness) in West Africa. The erradication of the disease in Niger and Senegal, its persistance in Upper Volta and Mali, and its resurgence in Benin, Ivory Coast, and Togo are noted and the role of migration in its spread is pointed out. (HC-L)

8251 **Desmyter, J., Colaert, J., Maertens, K., Muyembe, T.** *Enterovirus 70 haemorrhagic conjunctivitis in Zaire, 1981 versus 1972.* Lancet (London), 7 Nov 1981, 1054-1055. Engl.

Epidemics of acute haemorrhagic conjunctivitis occurred in Kinshasa (Zaire) in 1972 and 1981. In the earlier outbreak it was relatively easy to isolate enterovirus type 70 on human diploid cells. In 1981, however, virus recovery was not possible, although several cell types were tried. The probability of infection by enterovirus 70 was shown only by a rise in neutralizing antibody in 9 of 10 patients examined. The authors discuss the possibility of a different strain of enterovirus 70 more difficult to isolate. They stress, therefore, that enterovirus 70 should not be excluded as the causative agent of acute haemorrhagic conjunctivitis too soon. Some statistical data are included. (Modified journal abstract)

8252 **Devadas, R.P., Vasanthamani, G., Bhooma, N., Indra, N.** *Study of the incidence of infection, infestation and its inter-relationship with malnutrition among children.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(1), Jan 1980, 1-5. Engl.

This Coimbatore, India, study of 700 children aged 0-6 years emphasizes the relationship between malnutrition and infectious diseases; both of which are common in the sample, lower class population. The most prevalent diseases were respiratory and gastrointestinal infections; kwashiorkor, marasmus, anaemia, and vitamin A deficiency were frequently-found nutritional disorders. Statistical data are included. (DP-E)

8253 **Diarra, S., Coulibaly, K., Gnaboi, R., Kodjo, R., Awassi, A.** *Toxémia gravidique; à propos de 232 cas observés à la maternité de Treichville (Côte d'Ivoire). (Toxemia in pregnancy; observations on 232 cases from the Treichville (Ivory Coast) maternity ward).* Médecine d'Afrique Noire (Paris), 27(11), Nov 1980, 877-883. Fren. 42 refs.

Two hundred and thirty-two cases of toxemia seen in the maternity service of Treichville, Abidjan, Ivory Coast, over a 3-year period were studied and the data correlated with mothers' age, parity, race, attendance at prenatal care, and outcome of pregnancy. The prevalence of toxemia (.51% of all births and 2.07 of all mothers seen during the same period) was found to be lower than that found in developed countries but to occasion serious risks to both mother and child. Improvement in the prognosis of the disease will depend on better prenatal surveillance and the availability of facilities for infant reanimation. Statistical data are included. (HC-L)

8254 **Domingo, E.O., Tiu, E., Peters, P.A., Warren, K.S., Mahmoud, A.A.** *Morbidity in schistosomiasis japonica in relation to intensity of infection: study of a community in Leyte, Philippines.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 858-867. Engl. 25 refs.

Parasitological examination of 1 010 villagers from Santa Rosa, Leyte, the Philippines, revealed a *Schistosoma japonicum* infection rate of 32.4%. The prevalence by age group, intensity of infection, symptoms, and complications are discussed. It was concluded that this strain of the disease was no more pathogenic than schistosomiasis mansoni. Statistical data are included. (DP-E)

8255 **Duvallet, G., Stanghellini, A., Saccharin, C., Vivant, J.P.** *Foyer de trypanosomiase humaine de Vavoua (République de Côte d'Ivoire); enquête clinique, parasitologique et séro-immunologique. (Human trypanosomiasis focus of Vavoua (Ivory Coast); a clinical, parasitological, and seroimmunological survey).* Médecine Tropicale (Marseilles, France), 39(5), Sep-Oct 1979, 517-525. Fren. 12 refs.

The Vavoua human trypanosomiasis focus, in the Ivory Coast, is facing a period of hyperactivity. A medical survey in which 7 424 persons in 9 villages were examined revealed 128 new cases, diagnosed after clinical and parasitological examinations in the field. Laboratory tests revealed 266 immunological suspects; of the 185 who were reexamined, 104 were diagnosed after trypanosomes had been found in the blood or glandular excretions. Most of the 232 new cases were in the classical 1st period (unaltered CSF). The authors emphasize the importance of surveys allowing an early diagnosis of sleeping sickness and on the interest of an immunodiagnostic test in addition to classical techniques to diagnose asymptomatic forms. Statistical data are included. (Modified journal abstract)

8256 **Egoramaiphol, S., Schelp, F.P., Pongpaew, P., Migasena, P., Harinasuta, C.** *Anthropometric assessment of the nutritional status of children from birth to 60 months old from a water resource development area in northeast Thailand — application of an international growth standard.* Journal of the Medical Association of Thailand (Bangkok), 63(1), 1980, 15-24. Engl. 19 refs.

The current nutritional status of children from birth to age 60 months living in the irrigation and resettlement area as well as the lake side of a water resource development scheme in northeast Thailand was investigated by means of the anthropometric index weight:height. No significant variations were found in the number of malnourished children living in the different areas. From a total of 1 629 children (90.4% of the total in that area), 2.2% of those aged 0-5 months, 7.4% of those 6-11 months, and 12.6% of those aged 12-60 months were found to be malnourished. The cut-off point for differentiating between well-nourished and malnourished children and the application of a North American standard are discussed. Statistical data are included. (Modified journal abstract)

8257 **Ejezie, G.C.** *Pattern of parasitic infection in villages of Lagos state, Nigeria.* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(4), Dec 1979, 503-508. Engl. 9 refs.

A survey of common parasitic diseases was carried out in five Nigerian villages from April-September 1977 (rainy season) and from October 1977-February 1978 (dry season). The results are discussed and presented as statistical data. Malaria parasitaemiae had an overall prevalence of 41.2% (89% in children aged 5-9 years) with the dominant species being *Plasmodium falciparum*. Schistosomiasis was also more prevalent in children, though the overall prevalence was not as high. Prevalence varied between villages and seasons (the latter being less common and the former being more common during the rainy season). Filariasis had a low prevalence (1.5%) and no case of trypanosomiasis was detected. (DP-E)

8258 **Eyakuze, V.M., Rutasitara, W.K., Ndalahwa, J.B.** *Field use of oral oxamniquine in the treatment of* S. mansoni. East African Medical Journal (Nairobi), 56(1), Jan 1979, 22-25. Engl. 8 refs.

The suitability of oxamniquine for the mass treatment of *Schistosoma mansoni* infections was tested in Nassio, Tanzania, on 147 children aged less than 15 years and on 113 adults with stools positive for *S. mansoni* ova. One month after drug administration, 99 of 101 (98%) children and 91 of 95 (96%) adults were no longer passing *S. mansoni* ova in the feces and miricidial hatching tests were positive in only 3 of the 4 individuals still passing ova. No serious side effects were reported. Statistical data are included. (Modified journal abstract)

8259 **Fasan, P.O., Mabadeje, A.F.** *Controlled trial of a combination of chloroquine with paracetamol in the treatment of acute malaria in a semi-immune population.* Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 191-193. Engl.

A clinical trial comparing a single dose of a fixed drug combination containing chloroquine and paracetamol with chloroquine and paracetamol given as separate tablets was conducted among 154 malaria patients at Lagos, Nigeria. There was no statistically significant difference between the different types of prescription among the subjects in two groups. However, a greater degree of parasite clearance was achieved sooner in those who received the fixed drug combination taken in a single or in only two doses than in those whose therapy extended over 3 days or longer using separate tablets of either drug. Statistical data are included. (Modified journal abstract)

8260 **Feeley, J.C., Curlin, G.R., Aziz, K.M., Wiggins, G.L., Albritton, W.L.** *Response of children in Bangladesh to adult-type tetanus-diphtheria toxoid (Td) administered during a field trial of cholera toxoid.* Journal of Biological Standardization (London), 7(3), 1979, 249-252. Engl.

A 1974-1975 field trial of cholera toxoid in Bangladesh presented a unique opportunity to study the antitoxin response to Td administered as a control product. In this population, naturally acquired immunity to diphtheria is developed early in life, making it possible to assess only the booster response to the reduced Lf dosage of diphtheria toxoid and impossible to evaluate diphtheria immunization. In contrast, a high rate of tetanus susceptibility was encountered, in keeping with low levels of immunization in the population and the absence of naturally acquired immunity to this disease. A satisfactory primary immune response to the tetanus toxoid component of Td was demonstrated in 96% of susceptible individuals. Statistical data are included. (Modified journal abstract)

8261 **Filho, J. de C., Silveira, A.C.** *Distribuição da doença de Chagas no Brasil. (Distribution of Chagas' disease in Brazil).* Revista Brasileira de Malariologia e Doenças Tropicais (Rio de Janeiro, Brazil), 31, 1979, 85-98. Span. 14 refs.

This paper presents information from various sources on the distribution of Chagas' disease (trypanosomiasis) in Brazil. Six tables of data are included. (HC-L)

8262 **FitzGerald-Finch, O.P.** *Radiology in the Middle East: a review of ten thousand cases.* Journal of Tropical Medicine and Hygiene (London), 84(1), Feb 1981, 37-40. Engl.

The 1st 10 000 X-ray examinations carried out at the Al-Qassimi Hospital, opened in Sharjah (United Arab Emirates) in November, 1979, are analyzed and the findings compared to the incidence rates in Glasgow (Scotland) Royal Infirmary. The results are discussed and presented as statistical data. The spectrum of disease is very different from a typical UK practice and exhibits a marked lack of so-called "disease of civilization". Of local interest is skeletal and dental fluorosis. (Modified journal abstract)

8263 **Flavier, J.M., Chen, C.H.** *Induced abortion in rural villages of Cavite, the Philippines: knowledge, attitudes, and practice.* Studies in Family Planning (New York), 11(2), Feb 1980, 65-71. Engl. 8 refs.

This 1976 survey conducted in five rural Philippine villages identifies providers and methods of induced abortion with estimates of costs and frequency of associated hospitalization, studies trends and differentials of abortion by analyzing experiences reported by those interviewed, and assesses public awareness of and receptivity to abortion and legal knowledge about induced abortion. The results are discussed and presented as statistical data. In general, it was found that hilots, physicians, and pharmacists were the major providers and the tablet was the most commonly used method. (DP-E)

8264 **Ford, J.** *Ideas which have influenced attempts to solve the problems of African trypanosomiasis.* Social Science and Medicine (Aberdeen, UK), 13B(4), 1979, 269-275. Engl. 36 refs.

Trypanosomiasis, or sleeping sickness, a major disease affecting a wide belt across the middle of the African continent, remains resistant to general eradication despite a good understanding of the disease's carriers. This paper sketches the history of medical, public health, and development concepts that have attempted and achieved short-term and local eradication with a variety of methods, as well as the (sometimes devastating) ecological consequences of these measures. More ecologically-attuned approaches to development than the simple removal of the tsetse are required in the trypanosomiasis belt if resource degradation and famine are to be avoided. (Modified journal abstract)

8265 **Freeman, A., Grunewald, J.W.** *Incidence of parasitic infestation in black children at Livingstone Hospital.* South African Medical Journal (Cape Town), 57(10), 8 Mar 1980, 358-360. Engl.

Analysis of stool samples collected from 200 children attending the pediatric sections of Livingstone Hospital, Port Elizabeth, South Africa, revealed that 76% of the 100 children suspected of parasitic infestation and 66% of the control group harboured parasites of one or more species, the commonest being *Ascaris lumbricoides* and *Trichuris trichuria*, followed by *Giardia intestinalis*.

Some statistical data are included. (Modified journal abstract)

8266 **Freeman, H.E., Klein, R.E., Townsend, J.W., Lechtig, A.** *Nutrition and cognitive development among rural Guatemalan children.* American Journal of Public Health (New York), 70(12), Dec 1980, 1277-1285. Engl. 26 refs.

In a 7-day programme begun in 1968, women and children from four Guatemalan villages received a vitamin and mineral fortified food supplement. In two of the villages, the food supplement was high in protein and calories. Cognitive tests were administered regularly to children aged 3-7 years and anthropometric measurements obtained. In addition, measures of families' social milieu were collected several times. The results are discussed and presented as statistical data. The findings suggest that nutritional intake affects cognitive development (the high protein and calorie supplement having a futher positive effect) and that nutrition intervention programmes could be beneficial in rural areas of developing countries. (Modified journal abstract)

8267 **Froozani, M.D., Malekafzali, H., Bahrami, B.** *Growth of a group of low income infants in the first year of life.* Journal of Tropical Pediatrics and Environmental Child Health (London), 26(3), Jun 1980, 96-98. Engl. 8 refs.

Cross-sectional growth data are presented for a total of 640 low-income infants aged 1-12 months attending a health centre at Isfahan, Iran. Average weight and height fell below the Boston standards after 2 months of age. The authors estimate that about 94% of mothers attending the health centre breast-fed their infants at birth and that 65% and 41% continued to breast-feed at 3 months and 6 months, respectively. (Modified journal abstract)

8268 **Gadalla, S., Nosseir, N., Gillespie, D.G.** *Household distribution of contraceptives in rural Egypt.* Studies in Family Planning (New York), 11(3), Mar 1980, 105-113. Engl. 9 refs.

This paper reports on a major community-based contraceptive distribution project in the Menoufia Governorate in rural Egypt that had as one of its crucial components the household distribution of contraceptives. Some 21 000 women were interviewed in February 1977 in order to determine their contraceptive practices and reinterviewed 9 months later in an evaluation of the project. The results are discussed and presented as statistical data. There was a 45% increase in the use of contraceptives and health clinics were being visited for resupply. The planning and training for the project are discussed and proposed expansion of the project is described. (DP-E)

8269 **Gangadharan, P.** *Epidemiologic observations on cancer in Indian people.* Indian Journal of Cancer (Bombay, India), 16(3/4), 1979, 5-17. Engl. 38 refs.

Epidemiologic observations on cancer in India are discussed and presented as statistical data. Cancer incidence is low in Indians, but cancer of certain parts of the body is very frequent, particularly oral pharyngeal and laryngeal cancer, which are associated with pan chewing and smoking. Regional variations are observed and differences between the incidence in India and the incidence in two migrant populations, South African Indians and Singapore Indians, are observed. (Modified journal abstract)

8270 **Goodwin, M.H., Shaw, J.R., Feldman, C.M.** *Distribution of otitis media among four Indian populations in Arizona.* Public Health Reports (Rockville, Md.), 95(6), Nov-Dec 1980, 589-594. Engl. 9 refs.

From May 1974-March 1979, Indians of Arizona (USA) visited health service units for ear disease a total of 21 896 times. The data collected from these visits is analyzed in order to ascertain the distribution of ear diseases in this population. The results are discussed and presented as statistical data. It was found that the majority of initial attacks of acute suppurative otitis media occurred in the 1st year of life and were often followed by another attack within 4 months. Thus, the children at high risk of serious ear disease, including hearing loss, can be identified early and efforts to control and prevent otitis media should be directed toward this group. (DP-E)

8271 **Grainger, C.R.** *Leprosy in the Seychelles.* Leprosy Review (London), 51(1), 1980, 43-49. Engl.

The early history and possible origins of leprosy in the Seychelle Islands are outlined; an account is also given of the more recent trends in the development of the disease, based on a brief analysis of records available in the Department of Public Health. Although the total number of patients is not high, leprosy continues to be a public health problem in the Seychelles that is going to require a much higher level of awareness if it is to be eradicated. Some statistical data are included. (Modified journal abstract)

8272 **Grácio, M.A.** *Incidência de bilharziose vesical em escolares do distrito de Luanda; I: área de Bom Jesus. (Incidence of visceral schistosomiasis in schoolchildren in Luanda district; I: Bom Jesus area).* Anais de Instituto de Higiene e Medicina Tropical (Lisbon), 5(1/4), 1977-1978, 171-175. Portuguese. Refs.

This paper describes a survey and presents a literature review on the incidence of schistosomiasis in Angola. Examination of urine samples from 116 students aged 7-16 years in Bom Jesus revealed an infection rate with *Schistosomiasis haematobium* of 35.34%. Some implications for disease control were pointed out. (HC-L)

8273 **Greiner, T., Latham, M.C.** *Influence of infant food advertising on infant feeding practices in St. Vincent.* International Journal of Health Services (Westport, Conn.), 12(1), 1982, 53-75. Engl. 73 refs.

A questionnaire survey designed to examine the influence of infant food advertising on infant feeding practices was carried out among the mothers of about 200 children aged 1-2 years in two towns of St. Vincent in the eastern Caribbean. Infant food advertising was uncommon; the feeding pattern, a combination of bottle and breast-feeding, had existed for decades. Despite the fact that the setting was not particularly appropriate for the study, the authors conclude that exposure to infant food advertising influenced mothers to bottle feed and abandon breast-feeding; they suggest that such promotion be halted. Statistical data are included. (Modified journal abstract)

8274 **Gueri, M., Andrews, N., Jutsum, P., Rawlins, R.** *Nutritional status of young children in Trinidad and Tobago.* Journal of Tropical Pediatrics (Kampala), 26(1), Feb 1980, 11-15. Engl. Refs.
During January and February 1976 an anthropometric survey was carried out on 1 585 children in Trinidad and Tobago in order to assess the nutritional status of children aged less than 5 years and thus assist the government in planning future nutrition policies. The distribution of children by 12-month age groups was fairly uniform and the main ethnic groups in the country were well represented. Almost half of the children were below 90% of weight-for-age standards; more females than males were underweight and more East Indians than Africans. The authors suggest that intervention during pregnancy might ease this problem. Statistical data are included. (DP-E)

8275 **Gupta, R., Sharma, I.** *Overview of the dietary consumption pattern of pregnant and lactating mothers of Haryana region, Hissar.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(1), Jan 1980, 13-19. Engl.
In this 1978 Indian study, the dietary intake of 31 lactating mothers aged 18-30 years was found to be inadequate in all income groups. Green leafy vegetables and animal foods, with the exception of ghee and milk, were rarely consumed; 46% of energy needs were obtained from fat. Food fads were considered an important factor in restricting dietary intake and the introduction of a nutrition programme is strongly recommended. Breast-feeding practices, however, were satisfactory. Statistical data are included. (DP-E)

8276 **Gürson, C.T., Binyildiz, P.O., Artunkal, T., Sökücü, S., Güre, H.** *Statistical approach to factors influencing the birth weight.* Nutrition Reports International (Los Altos, Cal.), 19(6), Jun 1979, 859-867. Engl. 12 refs.
In a 1972-1973 Istanbul (Turkey) study, birth weight, height at birth, parental age, and socioeconomic status of the family were assessed on 5 216 newborns. In a subgroup of 537 births, gestational age was incuded in the statistical analysis in estimating birth weight. In another subgroup of 327 women, haemoglobin and haematocrit values were determined. The results are discussed and presented as statistical data. The birth weight was found to be significantly affected by maternal age, birth order, socioeconomic status, and gestational age. The mother's haemoglobin had no apparent effect on birth weight but there was a correlation between haematocrit value and birth weight. (Modified journal abstract)

8277 **Hanegraaf, T.A., Gemert, W.** *Endemic goitre in Kenya; the pattern of iodine excretion.* Tropical and Geographical Medicine (Haarlem, Netherlands), 30(4), Dec 1978, 429-438. Engl. 17 refs.
A national random sample survey of iodine excretion among primary schoolchildren in Kenya was carried out in 1974-1975, in order to monitor the endemic goitre situation and its control more accurately and to gain more insight in the geographical distribution of iodine deficiency in the country. Urine samples were collected in 59 randomly chosen primary schools in 32 districts from which the individual iodine:creatinine ratios were determined. The results are analyzed and presented per school, per district and per province, showing areas of normal, moderate and low iodine intake, the latter coinciding with the known goitre areas in Kenya. Although some doubts have been cast on the methods used in this survey and the consequent reliability of its conclusions, the authors consider its publication yet justified. Statistical data are included. (Modified journal abstract)

8278 **Harahap, M.** *Sexually transmitted diseases in Indonesia.* British Journal of Venereal Diseases (London), 56(5), 1980, 282-284. Engl.
Epidemiological factors and changing ecological conditions have greatly facilitated the spread of sexually transmitted diseases and led to their rising incidence in Indonesia. Gonorrhoea is at present very prevalent, and drug resistance among circulating strains of gonococci is a contributing factor. Despite medical advances in both diagnosis and treatment of sexually transmitted diseases, these are becoming commoner; unlike other communicable diseases, they have so far defied efforts to control them. (Journal abstract)

8279 **Hartfield, V.J.** *Maternal morbidity in Nigeria compared with earlier international experience.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 18(1), Jul-Aug 1980, 70-75. Engl. 18 refs.
Of 175 women dying at a Nigerian hospital, 133 succumbed for obstetric reasons after the 20th week of pregnancy, a mortality of 9.18:1 000 live births, with death most commonly caused by obstructed labour, postpartum hemorrhage and eclampsia. There was a marked difference in the death rate between women who attended the antenatal clinic at least 3 times and those who did not, 2.85 and 27.06:1 000, respectively, although 75% of the antenatal patients were delivered at home without nursing or medical attendants. The difference is attributed to greater use of hospital facilities by scheduled patients when trouble arose. When compared to data from other parts of the world, these rates were found to be similar to those of the USA and UK 50-100 years ago. (DP-E)

8280 **Hollows, F., Moran, D.** *Cataract — the ultraviolet risk factor.* Lancet (London), 5 Dec 1981, 1249-1250. Engl. 9 refs.

Ophthalmic examination of 64 307 Aborigines and 41 254 non-Aborigines in remote rural Australia revealed a positive correlation between the presence of senile cataract and levels of climatic ultraviolet (UV) radiation. Aborigines were more likely to be affected and those living in areas of higher UV radiation were more likely to acquire cataract, to acquire the condition early in life, and to be blinded or visually disabled by it. Provision of adequate shelter in areas of high isolation, where most cases of cataract occur, is likely to be an effective preventive measure. Statistical data are included. (Modified journal abstract)

8281 **Hussain, M.A., Mohammad Abdullah, M.R.** *Study of nutritional ecology in a Pakistani village.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(1), Jan 1980, 20-29. Engl. 22 refs.

The ecology of malnutrition in a typical Pakistani village has been found to be characterized by subsistence farming, poverty, poor environmental sanitation, and mass illiteracy. The situation is worsened by quantitative and qualitative deficiency in food intake and many undersirable food practices and taboos in the community that result in high childhood mortality, widespread growth retardation, and nutritional disease. A low-cost intervention programme designed by coordinating the activities of available local services appears to be a logical step towards the solution of the problem of malnutrition. Statistical data are included. (Modified journal abstract)

8282 **Indian Journal of Medical Research, New Delhi.** *Tuberculosis prevention trial, Madras.* Indian Journal of Medical Research (New Delhi), 72, Jul 1980, Suppl., 1-74. Engl. 84 refs.

This paper describes in detail the methodology and results of a longitudinal study carried out in Chingleput District, Tamil Nadu, India, to determine the following: a precise estimate of the protective effect of BCG vaccination against tuberculosis in the non-infected; the effect of BCG vaccination in persons already infected; the protective effect of two different strains of BCG; the influence of dosage on the protective effect of each strain; and epidemiological data on tuberculosis in the community. Findings after more than 7 years of the study are discussed and hypotheses to explain them are put forward. Statistical data are included. (HC-L)

8283 **Indian Journal of Medical Research, New Delhi.** *Trial of BCG vaccines in south India for tuberculosis prevention.* Indian Journal of Medical Research (New Delhi), 70, Sep 1979, 349-363. Engl. 30 refs.

Also published in *Bulletin of the World Health Organization* (Geneva), 47(5), 1979, 349-363.

After tuberculin and sensitin testing and radiographic and bacteriological examination during a Madras (India) trial, BCG vaccine and placebo were randomly allocated to 260 000 individuals, of whom 115 000 were definitely tuberculin negative at the time of vaccination. During more than 7 years of follow-up, surveys showed, however, that the distribution of new cases of bacillary tuberculosis among those not affected at intake did not show any evidence of a protective effect of BCG vaccination. Statistical data are included. (DP-E)

8284 **Jansen, A.A., Lakhani, S., Tmannetje, W., Kusin, J.A.** *Some nutritional aspects of pregnancy in rural Kenya.* East African Medical Journal (Nairobi), 57(2), Feb 1980, 97-104. Engl. 16 refs.

In January 1978, a longitudinal study of 881 pregnant women was initiated in rural Machakos, Kenya, to assess the relationship between food intake and nutritional status during pregnancy, outcome of pregnancy, lactation performance, and growth of the child during the 1st 2-3 years of life. The total weight gain during pregnancy of the rural women studied was approximately 6.4 kg (12.3% of pregravid weight); urban women gained 7.9 kg (13.1%). In spite of the low weight gain, the incidence of low birth weights was only 6.5%; the average weight of the rural newborns was 3 190 g and of the urban children 3 266 g. Some statistical data are included. (Modified journal abstract)

8285 **Joesoef, A., Dennis, D.T.** *Intestinal and blood parasites of man on Alor Island, southeast Indonesia.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 11(1), Mar 1980, 43-47. Engl. Refs.

Analysis of blood and stool samples from 311 villagers in coastal and mountainous areas of Alor, a remote Indonesian island, reveal that the prevalence of amoebiasis was 31.2%; of ascariasis, 55.3%; of hookworm, 28.6%; of trichuriasis, 6.8%; and of filariasis, 10.5% (this last only in the coastal area). Malaria of all types was found to be mesoendemic. These results are discussed and presented as statistical data. (DP-E)

8286 **John, T.J., Joseph, A., Vijayarathnam, P.** *Better system for polio vaccination in developing countries?* British Medical Journal (London), 281(6239), 23 Aug 1980, 542. Engl.

Eighty village children in India were administered three doses of oral polio vaccine as a group and their seroconversion rates were compared with those of a group of children who were immunized sporadically. Despite the use of substandard vaccine, seroresponse in the 1st group compared favourably with that in the 2nd. It is therefore suggested that cluster polio vaccination is more effective than sporadic polio vaccination in a developing country, probably because vaccine viruses become the enteric viral flora among the children for a time and thus enhance the overall infection rate. (HC-L)

8287 **Johnson, A.O., Aderele, W.I.** *Enteric fever in childhood.* Journal of Tropical Medicine and Hygiene (London), 84(1), Feb 1981, 29-35. Engl. Refs.

A detailed analysis of 117 cases of enteric fever in Nigerian children showed that fever, abdominal pain, vomiting, and diarrhea were the main presenting features. Disorders of sensorium occurred in 50%. Associated conditions and bizarre manifestations often delayed the diagnosis and this, coupled with complications such as intestinal haemorrhage and perforation, adversely affected the mortality rate, which was 32% in this study. Statistical data are included. (Modified journal abstract)

8288 **Joo, K.H., Rim, H.J.** *(Epidemiological study on the hookworm infections in Korea).* Korean Journal of Parasitology (Seoul), 16(2), Dec 1978, 103-112. Korean. Refs.

A Korean study of 5 632 (3 689 male) persons of all age groups was carried out from October 1976-September 1978 to evaluate the status of hookworm. The results are discussed and presented as statistical data. Prevalence rates were higher in rural areas than urban areas, in persons over 20 years of age, and in females. The investigative methods employed and the types of infections found are also discussed. (Modified journal abstract)

8289 **Kaempffer Ramírez, A.M.** *Evolución de la salud materno infantil en Chile, 1952-1977. (Maternal child health in Chile, 1952-1977).* Revista Médica de Chile (Santiago), 105(10), Oct 1977, 680-686. Span. 8 refs.

Maternal, perinatal, neonatal, and infant mortality are cited to illustrate the progressive improvement in maternal and child health in Chile over the past 25 years. An analysis of the factors determining them is then presented in order to shed light on current problem areas. (HC-L)

8290 **Karunakaran, C.S.** *Clinical trial of malaria prophylaxis using a single dose of chloroquine at different intervals in a endemic malarious area.* Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 195-201. Engl. 12 refs.

A controlled trial of chloroquine prophylaxis was carried out on 230 malaria patients in Zambia to determine whether this drug could be administered at intervals longer than the conventional ones recommended in endemic malarious areas. Statistically significant results obtained showed that chloroquine at suitable doses could be used successfully at intervals of 3 months. The possibility of chloroquine and acquired immunity acting together synergistically is discussed. The author is of the opinion that with this dose regime, the community would still be able to build up substantial immunity, so that in the event of the drug being discontinued, the community would not be faced with the problem of overwhelming malarial infections. The various advantages in using this regime are also discussed. Statistical data are included. (Modified journal abstract)

8291 **Keshavan, M.S., Isaac, M., Kapur, R.L.** *Ill-defined somatic symptoms in a South Indian rural clinic; some preliminary clinical observations.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(2), Jun 1980, 163-168. Engl. 18 refs.

Detailed physical and psychiatric examinations were carried out on 125 patients presenting with vague, ill-defined sensory symptoms at a south Indian rural primary care clinic. Of these, 94 cases were found to have a predominantly sensory peripheral neuropathy, 19 cases had evidence of other medical illnesses, and only 12 could be categorized as functional. The large number of cases of peripheral neuropathy is probably nutritional and resembles the clinical pattern of the burning feet syndrome. The significance of the presentation of these cases with vague somatic and psychological symptoms to psychiatric epidemiology is stressed. Statistical data are included. (Modified journal abstract)

8292 **Knight, R.** *Current status of filarial infections in The Gambia.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(1), 1980, 63-68. Engl. Refs.

During 1975 and 1976 night blood films were collected from 15 villages in different parts of the Gambia. The highest rates of infection with *Wuchereria bancrofti* (15%-20%) were found in the Upper River Division, near large swamps and in Lower River Division villages with many immigrants from Casamance and Guinea Bissau. In McCarthy Island Division, the microfilaria rate in adults ranged from 2.9%-9.0%. *Dipetalonema perstans* is prevalent throughout the whole country, the adult microfilaria rate in most areas ranging from 18%-72%. Statistical data are included. (Modified journal abstract)

8293 **Kolomiets, V.M.** *Recidivy tuberkuleza legkuh u faktory, sposobstvujuscie ih vozniknoveniju. (Relapses of pulmonary tuberculosis and factors contributing to their occurrence).* Problemy Tuberkuleza (Moscow), 57(7), 1979, 7-9. Russ.

A total of 417 cases of early and late recurrences of pulmonary tuberculosis were studied in the USSR. Neglected and disseminated forms were found in 15.6% and 13.6% of the cases, respectively. M. tuberculosis in the sputum was detected in 56.2% of the patients with early relapses and in 66.8% with late relapses. Factors contributing to the development of recurrence included inadequate examination and treatment in the past, intensity of residual changes in the lungs, the presence of concomitant affections, and abuse of alcohol. To prevent the occurence of relapses, a differential application of prophylactic measures with due regard for the above factors is proposed. (Modified journal abstract)

8294 **Koopman, J.S., Fajardo, L., Bertrand, W.** *Food, sanitation, and the socioeconomic determinants of child growth in Colombia.* American Journal of Public Health (New York), 71(1), Jan 1981, 31-37. Engl. 36 refs.

To determine the causes of growth failure in Colombia, the authors studied family food availability, anthropometric measurements of preschool children, and family and neighbourhood socioeconomic conditions in a stratified random sample of some 600 Cali families. The results are discussed and presented as statistical data. Neither food availability nor other family factors were related directly to growth, but neighbourhood factors, possibly enteric diseases, did have a strong relationship to growth. It is suggested that nutrition programmes should incorporate programmes intended to control the transmission of these diseases. (Modified journal abstract)

8295 **Kuberski, T., Roberts, A., Linehan, B., Bryden, R.N., Teburae, M.** *Coconut water as a rehydration fluid.* New Zealand Medical Journal (Wellington), 90(641), 8 Aug 1979, 98-100. Engl. 14 refs.
During a recent cholera epidemic on the Pacific Ocean atoll of Tarawa, Gilbert Islands, coconut water was used for oral rehydration to conserve parenteral fluids and was seriously considered for intravenous use had circumstances warranted. Later, laboratory analysis revealed that, in comparison with oral rehydration fluids known to be effective in cholera, coconut water has adequate potassium and glucose levels but is relatively deficient in sodium, chloride, and bicarbonate. In emergency situations, coconut water could be an effective life-saving alternative to conventional oral fluid replacement and further research into its intravenous use is merited; the addition of table salt would compensate for its deficiency in sodium and chloride. (HC-L)

8296 **Kuné, J.B.** *Some factors influencing the mortality of under-fives in a rural area of Kenya, a multivariate analysis.* Journal of Tropical Pediatrics (Kampala), 26(3), Jun 1980, 114-122. Engl. Refs.
This paper deals with the impact of a number of environmental factors on the health status of children aged less than 5 years in the Machakos Project area, Machakos District, Kenya. Mortality is used as a measure. The observational period was from April 1974-April 1976. The estimation procedures were carried out by probit-analysis. It appears that the mother's education, family relationships, and the child's sleeping conditions had a significant influence on the mortality of the children under study. Statistical data are included. (Modified journal abstract)

8297 **Lambert, J.** *Bottle-feeding legislation in Papua New Guinea.* Journal of Human Nutrition (London), 34(1), Feb 1980, 23-25. Engl.
Research in Papua New Guinea and elsewhere in the developing world has indicated the dangers of bottle-feeding infants. Following a failure to obtain the voluntary agreement of shopkeepers to restrict sales of infant feeding bottles and nipples, legislation was passed to place these items on prescription. In order to obtain a prescription, certain conditions have to be satisfied i.e. the health worker issuing the prescription must be convinced that bottle-feeding is in the baby's best interests, that the mother knows how to clean the bottle and utensils and mix the formula properly, etc. Health workers or pharmacists who violate this legislation are subject to heavy fines. A follow-up survey carried out in Port Moresby 2 years after the introduction of the legislation indicated a significant decline in bottle-feeding. (DP-E)

8298 **Lawrence, G., Walker, P.D., Freestone, D.S., Shann, F.** *Prevention of pig-bel in Papua New Guinea.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(1), Mar 1979, 30-34. Engl.
In a double blind controlled trial in Sina Sina (Papua New Guinea), 2 538 children were given beta toxoid and 2 532 were given tetanus toxoid; in the following two years, 2 of the former group and 17 of the latter group developed pigbel, demonstrating the protective effect of beta toxoid. The authors recommend that beta toxoid be given to highlands children at 2, 4, and 6 months of age, with boosters if needed. Health services in the highlands must be improved so that this vaccine can be effectively delivered. Statistical data are included. (Modified journal abstract)

8299 **Lester, F.T.** *Juvenile diabetes mellitus in Ethiopians.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(6), 1979, 663-666. Engl. Refs.
The author describes the clinical features of 27 juvenile diabetics in Ethiopia who account for 9.8% of all patients attending a weekly diabetic clinic in Addis Ababa since April 1976. Eighteen of the diabetics were girls and the mean age for onset of the disease was 9 years. Although clinical features follow the same general pattern of juvenile diabetes in other countries, two patients had cataracts, which is now rare in Western countries. Hospital admissions are frequent and often for long periods, indicating the poor level of control of diabetes in the country. Major problems are poverty, poor diet, and lack of understanding of the disease by relatives. (FM)

8300 **Leyland, M.J., Baksi, A.K., Brown, P.J., Kenny, T.W., Strange, C.A.** *Assessment of nutritional anaemia in northern Nigeria.* Annals of Tropical Medicine and Parasitology (London), 73(1), Feb 1979, 63-71. Engl. Refs.
This paper addresses itself to the question of whether "normal" haematological indices of nutritional status derived from data collected in European countries should be applied to developing countries where haemoglobinopathies and chronic infections are so common. This was tested by comparing values for 10 Nigerian laboratory staff, the "elite" Nigerian, with European data collected by the same authors. Thirty-two Nigerian farmers, 18 children with homozygous sickle cell disease, and 12 patients with hookworm anaemia were also tested. The results are discussed and presented as statistical data. The authors conclude that serum ferritin concentration and transferrin saturation tests were the best method of assessing iron status but suggest further studies. (Modified journal abstract)

8301 **Lines, D.R., Anderson, N.E., German, D.F.** *Nutritional status of children in Western Samoa.* Journal of Tropical Pediatrics (Kampala), 26(3), Jun 1980, 88-95. Engl. 14 refs.
In a study conducted from November 1976-February 1977, the weight, height, and head circumference were obtained for 1 737 West Samoan children aged up to 15 years and compared to international standards. The results are discussed and presented as statistical data. The findings suggest adequate nutrition in the 1st year of life

but a dramatic decline in growth rate in the 2nd year with catch up growth in later life only in weight. Possible reasons for this are examined. Differences for sex and geographical location are noted. Comparison with Samoan children living in New Zealand indicates that these patterns are not a racial characteristic. (Modified journal abstract)

8302 Liomba, N.G., Hutt, M.S. *Rhinoscleroma in Malawi and Eastern Zaire*. Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 187-190. Engl. 21 refs.

The first 10 cases of rhinoscleroma from Malawi and 6 from eastern Zaire are reported. Most of the patients were aged 20-40 years and presented with either a nasal tumour or abnormalities of the nasal septum. Histological examinations of biopsy material revealed features diagnostic of rhinoscleroma — a mixture of mature plasma cells and large foamy macrophages (Mikulicz cells) containing intra-cellular Gram negative bacilli. The organisms were best seen in sections stained by the Warthin-Starry technique. This study suggests that rhinoscleroma is perhaps more common in Malawi and Zaire than has been realized. Figures are given for reported cases in Middle Africa since 1951. (Modified journal abstract)

8303 Lo, E.K., Varughese, J., Greene, A., Noor, M. *Helminthiases in peninsular Malaysia — prevalence and density of infestation of hookworm,* Ascaris *and* Trichuris *in rural school children.* Medical Journal of Malaysia (Singapore), 34(2), Dec 1979, 95-99. Engl. 10 refs.

This survey reveals that the prevalence of hookworm, *Ascaris*, and *Trichuris* in 834 rural Malaysian schoolchildren aged 6-12 years was 43.2%, 86.7%, and 84.5% respectively, with 95% of the children having some sort of parasitic infection. Mixed infestations were most common, 45.1%, 37.2%, and 12.7% being double, triple, and single infestations respectively. The relation of environmental sanitation in terms of latrine:house ratios and the degree of infestation is highlighted and the need for a combination of methods for worm control stressed. Statistical data are included. (DP-E)

8304 Lukalonge Mapumba, K., Fain, A., Bourland, J., Cesci, P. *Enquête sur l'onchocercose au Burundi. (Onchocerciasis survey in Burundi).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59(3), 1979, 251-258. Fren. 11 refs.

This paper presents the methodology and findings of an onchocerciasis survey involving 247 individuals from seven villages in two provinces in Burundi. Briefly, microfilarial density was found to be consistently low; in spite of a rather high prevalence of infection in some villages, clinical manifestations were mild and no ocular problems were observed. Statistical data are included. (HC-L)

8305 Maberly, G.F., Eastman, C.J., Corcoran, J.M. *Effect of iodination of a village water-supply on goitre size and thyroid function.* Lancet (London), 5 Dec 1981, 1270-1272. Engl.

An iodinator was fitted to the existing gravity-fed water supply of a remote village in Sarawak, Malaysia, where goitre was endemic. Within 9 months, the prevalence of goitre had been reduced from 61% to 30%, with 79% of goitres showing visible reduction in size. All subjects were clinically euthyroid before and 9 months after the start of iodination. Urinary iodine concentrations fluctuated with the intermittent blockage of the iodinator and there was no evidence of the Jod Basedow phenomenon. Iodinated water was more convenient to distribute than iodized salt; moreover, iodination of water is effective in killing most microorganisms and could have significant beneficial residual effects on community health. Statistical data are included. (Modified journal abstract)

8306 MacLean, W.C., López de Romaña, G., Klein, G.L., Massa, E., Mellits, D. *Digestibility and utilization of the energy and protein of wheat by infants.* Journal of Nutrition (Philadelphia, Pa.), 109(7), 1979, 1290-1298. Engl. 17 refs.

The tolerance to and digestibility of wheat as pasta was studied in the diets of 9 convalescent malnourished male Peruvian infants aged 7-18 months and weighing 6-11 kg. The results are discussed and presented as statistical data. In general, it was found that pasta can readily provide a substantial proportion of the energy and protein in the diet of infants and should be valuable as a weaning food in developing countries. However, without lysine supplementation, it cannot easily satisfy their protein needs. (DP-E)

8307 Magzoub, M. Plasmodium falciparum *and* Plasmodium vivax *infections in Saudi Arabia, with a note on the distribution of anopheline vectors.* Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 203. Engl. 8 refs.

Blood smears of Saudi Arabians were examined for *Plasmodium falciparum* and *Plasmodium vivax*, the causes of malignant tertian and benign tertian malaria, respectively. The results by region are discussed and presented as statistical data. The highest incidence of infection occurred in the southern region, probably due to environmental conditions. In all areas, *P. falciparum* was 3-4 times more common than *P. vivax*. Five anepholine vectors were identified in the country. (DP-E)

8308 Mahoney, J.L. *Chloroquine resistant malaria in Africa.* Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 207-209. Engl.

In a November 1977-May 1978 study at the Taabo Hospital, Abidjan, Ivory Coast, 31 Africans and 23 expatriates were tested for strains of malaria resistant to chloroquine. The results are discussed and presented as statistical data. The findings indicated that resistant strain(s) had been introduced into the area, probably by the transient population of expatriates coming from areas where such strains are known to exist. While noting the limitations of the study, the author points out that the findings are an important consideration in the management of malaria in Central and West Africa as well as in patients who develop the disease after leaving these areas. (DP-E)

8309 **Makokha, A.E.** *Maternal mortality — Kenyatta National Hospital 1972-1977.* East African Medical Journal (Nairobi), 57(7), Jul 1980, 451-460. Engl. 10 refs.

A study of maternal deaths from 1972-1977 at Kenyatta National Hospital, Kenya, is presented. During this period there were 20 510 deliveries and 99 maternal deaths (1.96 deaths:1 000 deliveries). For this study, maternal mortality refers to hospital maternal deaths directly or indirectly connected with pregnancy or childbirth. Infection and haemorrhage have been shown to play the leading role in the maternal deaths. Other factors, such as age, parity, social status, and type of antenatal care, are shown to be related with overall mortality. Statistical data are included. (Modified journal abstract)

8310 **Malhotra, Y.K., Kanwar, A.J.** *Leprosy in Libya (Benghazi): a clinical study.* Journal of Tropical Medicine and Hygiene (London), 82(9/10), Sep-Oct 1979, 208-210. Engl.

From January 1976-June 1979, 102 leprosy patients (78 of them male) were seen at a clinic at Benghazi, Libya. The greatest number of patients were aged 20-49 years. Lepromatous leprosy was the commonest type (76.47%) observed. The magnitude of the leprosy problem in Libya is discussed. Statistical data are included. (DP-E)

8311 **Mamarbachi, D., Pellett, P.L., Basha, H.M., Djani, F.** *Observations on nutritional marasmus in a newly rich nation.* Ecology of Food and Nutrition (London), 9(1), 1980, 43-53. Engl. Refs.

In a Libyan study, the familial backgrounds of 50 marasmic infants were compared with those of 50 essentially healthy infants of similar age. The results are discussed and presented as statistical data. Both sets of families had similar incomes and major consumer items were widely present in both groups. Marasmic infants, however, had less literate mothers who tended to breast-feed for shorter periods and use pureed baby foods more frequently. Unhygienic infant feeding is probably the cause of marasmus in these cases and, while education of mothers would help alleviate the problem, adequate housing and income are also necessary. (DP-E)

8312 **Mamtani, R., Ravindran, B., Bagchi, K., Malhotra, P., Hussain, Q.Z.** *Serological survey for malaria in a rural community near Delhi.* Indian Journal of Medical Research (New Delhi), 70, Aug 1979, 199-205. Engl. 10 refs.

In a 1976-1977 serological study of malaria in a rural community of Delhi (India), samples were drawn randomly from 60 households (599 individuals) and, 6 months later, from 50 households (519 individuals). The various methods employed are described and compared in terms of usefulness in measuring endemicity. The study indicated that serology could be employed as a useful tool to reflect malaria prevalence in a community. Statistical data are included. (Modified journal abstract)

8313 **Martorell, R., Klein, R.E., Delgado, H.** *Improved nutrition and its effects on anthropometric indicators of nutritional status.* Nutrition Reports International (Los Altos, Cal.), 21(2), Feb 1980, 219-230. Engl. 14 refs.

In an attempt to determine which anthropometric measurements were the most sensitive and useful for the evaluation of nutrition programmes, the relationship between consumption of a protein-calorie supplement and physical growth in 453 rural Guatemalan children aged 0-3 years was studied. The results are discussed and presented as statistical data. Greater supplement intake was clearly associated with better growth in supine length, arm length, weight, and head circumference; no relationship was observed with growth in arm and calf circumference, while fatfolds decreased with increased supplementation. It is thus concluded that height and weight are the most useful indicators for evaluation. (Modified journal abstract)

8314 **Matthews, C.M., Selvapandian, A.J., Jesudasan, M.** *Health education and leprosy.* Leprosy Review (London), 51(2), 1980, 167-171. Engl. 9 refs.

Various theories from the behavioural sciences are reviewed for application in effective health education in leprosy. In an 18-month project carried out near Vellore in South India, information, motivation, and action were the three stages of education, with a knowledge, attitude, and practice survey carried out before and after evaluation. Patients were encouraged to seek early treatment and to take proper care of their hands and feet; attempts to make the general public willing to employ patients and not to avoid harmless contact with them were also carried out. The results, which indicated a considerable improvement, are analyzed. (EB)

8315 **Más Lago, P., Lemus, C., Beltrán, J., Jacobo, M., Palomera, R.** *Circulación de poliovirus en la población infantil de Cuba. (Transmission of poliovirus in Cuba's child population).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 87(5), Nov 1979, 443-449. Span. 8 refs.

In a study of the circulation of poliovirus in Cuban children aged less than 2 years, 1 178 fecal specimens were collected in seven cities over a 12-month period and examined for the presence of the virus. This paper presents and discusses the examination results. Thirty-eight samples of poliovirus were isolated, all during the period in which the Sabine vaccine was being administered, appearing to indicate that there is little or no transmission of virulent poliovirus in Cuba. (HC-L)

8316 **McLaren, M.L., Long, E.G., Goodgame, R.M., Lillywhite, J.E.** *Application of the enzyme linked immunosorbent assay (ELISA) for the serodiagnosis of* Schistosoma mansoni *infections in St. Lucia.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(6), 1979, 636-639. Engl.

As part of the search for a serodiagnosis assay to replace the expensive and tedious stool examination in the diagnosis of *Schistosoma mansoni* infection, the sensitivity, specificity, and quantitative features of an enzyme linked immunoassay (ELISA) using crude *S. mansoni* egg antigen preparation was studied. Results of studies carried out both in London (UK) and St. Lucia indicate that the assay can give useful serodiagnostic information ranging from 82%-99.5% sensitivity, depending on level of infection intensity and method of blood collection and 100% specificity in the St. Lucian-St. Vincent populations. The St. Lucia study also showed that the assay could be operated in a qualitative form in an endemic area. Statistical data are included. (Modified journal abstract)

8317 **Medical Research Council, Dunn Nutrition Unit, Cambridge, UK.** *Epidemiology of protein-energy malnutrition in children in a West African village community.* Cambridge, UK, Medical Research Council, Dunn Nutrition Unit, 1978. 70p. Engl.

This document presents the main findings and the implications arising from the work of the Protein-Energy Malnutrition Group of the British Medical Research Council Dunn Nutrition Unit in Keneba, The Gambia, from 1974-1978. It covers growth patterns, malnutrition, dietary intake, child morbidity, nutrition-infection interaction, diarrheal epidemiology, bacteriology of water and food, maternal contribution to child growth, pregnancy and lactation, nutrition intervention during infancy, and diarrheal treatment intervention. Graphs, tables, a bibliography, and general references are included. (EB)

8318 **Meesters, H.J.** *Leprosy control in the Gambia.* Leprosy Review (London), 51(3), 1980, 215-220. Engl.

The changes in the epidemiological situation of leprosy in the Republic of the Gambia are assessed using the statistics of the registered patients and through comparison of several leprosy surveys. A marked decline in the number of registered cases (from 7 000 in 1970 to 1 675 in 1977) and in the estimated prevalence of leprosy (2.5% in 1947, 0.6% in 1977) is demonstrated. Several aspects of leprosy control in the Gambia are discussed and the need to continue a specialized programme is stressed. Statistical data are included. (Modified journal abstract)

8319 **Molineaux, L., Storey, J., Cohen, J.E., Thomas, A.** *Longitudinal study of human malaria in the West African savanna in the absence of control measures: relationships between different* Plasmodium *species, in particular* P. falciparum *and* P. malariae. American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 725-737. Engl. 14 refs.

This research project on the epidemiology and control of malaria was conducted in the Garki District, Kano State, jointly by the government of Nigeria and WHO. Included among its objectives was the study of the area's baseline epidemiology prior to the introduction of control measures. The present paper analyzes the project's data with respect to the relationships among the three species of *Plasmodium* present, *P. falciparum*, *P. malariae*, and *P. ovale*. Statistical data are included. (Modified journal abstract)

8320 **Monath, T.P., Craven, R.B., Adjukiewicz, A., Germain, M., Francy, D.B.** *Yellow fever in the Gambia, 1978-1979: epidemiological aspects with observations on the occurence of orungo virus infections.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 912-928. Engl. 24 refs.

During a May 1978-January 1979 epidemic of yellow fever in the Gambia, there were an estimated 8 400 cases and 1 600 deaths, mostly among children aged less than 9 years. The course of this epidemic and the transmission of the disease are traced. These were halted by a mass vaccination campaign, begun in December 1978 and completed in January 1979, with over 95% coverage of the population. This outbreak emphasizes the continuing public health importance of yellow fever in West Africa and the need for immunizing against it during future vaccination programmes. Statistical data are included. (DP-E)

8321 **Moran, D.J., Waterford, J.E., Hollows, F., Jones, D.L.** *Ear disease in rural Australia.* Medical Journal of Australia (Sydney), 2(4), 25 Aug 1979, 210-212. Engl. 9 refs.

In a May 1976-September 1978 study in rural Australia, the bilateral otoscopic records of 97 986 persons (60 273 of them Aborigines) were examined for otitis media and tympanic scarring. The results are discussed and presented as statistical data. Otitis media had a very high prevalence in Aborigines (especially those aged less than 10 years) and was almost nonexistent in non-Aborigines. The findings were similar for tympanic scarring. While acknowledging the role of educational and clinical intervention in the reduction of otitis media, the author suggests that the condition may be considered as one aspect of endemic respiratory infection and that reducing the latter will result in a reduction of the former to acceptable levels. (DP-E)

8322 **Morbidity and Mortality Weekly Report, Washington, D.C.** *Measles mortality — Guatemala.* Morbidity and Mortality Weekly Report (Washington, D.C.), 28(49), 14 Dec 1979, 582-584. Engl.

The epidemiology of measles in Guatemala and the effects of a vaccination programme introduced in 1972 are described. After 82% and 94% of the target population of preschool children were vaccinated in 1972 and 1974, measles mortality fell dramatically from 76.2:100 000 to 39:100 000. However, when vaccination coverage was discontinued, deaths from measles reached 102:100 000 in 1976, with the highest mortality among the highland Mayas. Suggestions are made for improving vaccination programmes. (DP-E)

8323 Morbidity and Mortality Weekly Report, Washington, D.C. *Yellow fever epidemic — the Gambia, 1978-1979.* Morbidity and Mortality Weekly Report (Washington, D.C.), 28(30), 3 Aug 1979, 351-352, 357. Engl.

During a yellow fever outbreak in the Gambia from September 1978-January 1979, there were 271 cases, with an attack rate of 4.4% and a case fatality rate of 19.4%. The incidence was highest (6.7%) in children aged 0-9 years. The rates for laboratory-confirmed cases were about half those quoted, but judged by complement-fixing antibodies about 35% of those sampled had had a recent yellow fever virus infection. The outbreak was controlled by mass immunization with 17D yellow fever vaccines. (Modified journal abstract)

8324 Moreau, J.P., Boudin, C., Trotobas, J., Roux, J. *Répartition des schistosomiases dans les pays francophones d'Afrique de l'Ouest. (Distribution of schistosomiasis in francophone West Africa).* Médecine Tropicale (Marseilles, France), 40(1), Jan-Feb 1980, 23-30. Fren.

This paper summarizes the results of studies undertaken prior to 1969 of the prevalence of *Schistosoma haematobium* (urinary schistosomiasis) and *Schistosoma mansoni* (intestinal schistosomiasis) in Mauritania, Senegal, Mali, Upper Volta, Ivory Coast, Togo, Benin, and Niger. It then describes the methodology and technique used by the schistosomiasis laboratory of the Muraz Centre, Bobo-Dioulasso, Upper Volta (founded in 1969) and the results of its research in the same countries (excluding Senegal). It is noted that *S. haematobium* was found in all areas studied, with particularly high levels in the Sahelian regions, while *S. mansoni* tended to be limited to the savanna regions. Statistical data are included. (HC-L)

8325 Mtimavalye, L.A., Lisasi, D., Ntuyabaliwe, W.K. *Maternal mortality in Dar es Salaam, Tanzania, 1974-1977.* East African Medical Journal (Nairobi), 47(2), Feb 1980, 111-118. Engl.

A 4-year study on maternal mortality in a medical centre in Dar-es-Salaam, Tanzania, showed an overall rate of 2.1:1 000 deliveries, representing 224 maternal deaths out of a total of 105 311 deliveries and 11 534 abortions. This rate has shown very little improvement from year to year. The major causes of maternal death (toxaemia of pregnancy, caesarian section, anaemia, sepsis and haemorrhage) indicate that these deaths are largely avoidable. It is suggested that the family obstetric unit and the nation have roles to play in preventing maternal deaths. Statistical data are included. (Modified journal abstract)

8326 Mutanda, L.N. *Epidemiology of acute gastroenteritis in early childhood in Kenya: aetiological agents.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(2), Jun 1980, 138-144. Engl. Refs.

In a Kenyan study, 36 children with acute gastroenteritis and 36 controls matched for age and sex were tested for enteric pathogens, mixed infections (in children with diarrhea), complement fixing antibodies for rotavirus, and seroconversion to *E. coli* heat-labile enterotoxin. The materials and methods used are described and the results are discussed and presented as statistical data. The author compares this study to other African investigations and suggests that further research should be done on the factors influencing the variance of infections by rotavirus. (DP-E)

8327 Nanevic, R., Minov, K., Jovcev, Y. *Trideset godina BCG vakcinacije u SR Makedoniji. (Thirty years of BCG vaccination in SR Macedonia).* Vojnosanitetski Pregled (Belgrade, Yugoslavia), 36(2), Mar-Apr 1979, 117-120. Serbian. 15 refs.

Data from 30 years of BCG vaccination in SR Macedonia (Yugoslavia) is reported. Tests and retests were preformed on 4 163 308 persons and 2 096 727 persons were vaccinated with BCG; annual vaccination coverage reached 73.8%. However, the percentage of newborns (76.5%) vaccinated in the last 10 years is not considered satisfactory. The authors point out errors in organization and records maintenance during vaccination and give some suggestions for achieving 100% vaccination of newborns. (Modified journal abstract)

8328 Narayanan, I., Bala, S., Prakash, K., Verma, R.K., Gujral, V.V. *Partial supplementation with expressed breast-milk for prevention of infection in low-birth-weight infants.* Lancet (London), 13 Sep 1980, 561-563. Engl. 28 refs.

In a prospective controlled study in New Delhi, India, the anti-infective properties of breast milk were evaluated in 70 high-risk low-birth-weight infants. Thirty-two babies (group I) were given fresh expressed breast milk during the day and milk formula at night. Thirty-eight infants (group II) received only milk formula and served as controls. The two groups were matched for other factors that could influence the occurrence of infection. The incidence of infection was significantly less in babies who received breast milk. Statistical data are included. (Modified journal abstract)

8329 Nazer, I. *Tunisian experience in legal abortion.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 17(5), Mar-Apr 1980, 488-492. Engl. 8 refs.

In 1965, Tunisia became the 1st Moslem country to liberalize abortion laws. This paper is a review of Tunisia's experience and is, therefore, significant to other Moslem countries and also of interest to the developing world, as it demonstrates that such liberalization does not lead to excessive use or abuse of abortion, nor does it burden hospital services. The study shows, for the 1st time in a developing country, that liberalization of abortion can improve contraceptive practice. Statistical data are included. (Modified journal abstract)

8330 Ndetei, D.M., Muhangi, J. *Prevalence and clinical presentation of psychiatric illness in a rural setting in Kenya.* British Journal of Psychiatry (London), 135, Sep 1979, 269-272. Engl.

Interviews with and physical examination of 140 patients attending a health centre in a rural setting in Kenya revealed that 20% of them were primarily psychiatrically disabled, with anxiety and depressive states often masked by somatic symptoms. This paper discusses the survey results and suggests that an appropriate proportion of the health services needs to be directed towards the provision of psychiatric care. (HC-L)

8331 Nutrition Reviews, New York. *Malnutrition in Sudanese children as a function of socioeconomic change.* Nutrition Reviews (New York), 38(2), Feb 1980, 76-79. Engl.

The consequences of the introduction of an irrigation system in the Gezira plain in the Sudan in 1925 are briefly reviewed. Two recent surveys determined the extent and underlying causes of malnutrition in the region and supplement a classic survey of the dietary changes published nearly 30 years ago. It was concluded that persisting customs reinforced earlier foodways that were detrimental to nutritional well-being. (Modified journal abstract)

8332 Nutting, P.A., Barrick, J.E., Logue, S.C. *Impact of a maternal and child health care program on the quality of prenatal care: an analycis by risk group.* Journal of Community Health (New York), 4(4), 1979, 267-279. Engl. 10 refs.

The impact of a maternal child health care programme on the effectiveness of prenatal care on a US Indian reservation was assessed. Evaluation included examination both from the provider prospective (care provided to programme users) and the population perspective (care received by a sample of all prenatal patients in the community), as well as examination of outcome of prenatal care. The results are discussed and presented as statistical data. They suggest that such a programme will improve the quality of prenatal care, although the programme has a greater impact on the average risk group. (Modified journal abstract)

8333 Osaka, R. *(Survey of the social situation of leprosy patients in JALMA Leprosy Centre, Agra, India; II: survey on the socio-environmental aspects of inpatients).* Japanese Journal of Leprosy (Tokyo), 48(2), 1979, 59-66. Japanese. 8 refs.

A report on the socioenvironmental aspects of 240 inpatients hospitalized at the JALMA Leprosy Centre, Agra, India, is presented. Aspects studied included: religion, dietary practices, marital status, home environment, education, employment status, the causes of leprosy (rarely understood by the patients or their families), and rehabilitation. Statistical data are included. (Modified journal abstract)

8334 Patel, M. *Effects of the health service and environmental factors on infant mortality: the case of Sri Lanka.* Journal of Epidemiology and Community Health (London), 34(2), Jun 1980, 76-82. Engl. 10 refs.

One of the findings of this study is that regional variations in the infant mortality rates of Sri Lanka are large, ranging from 26:1 000 live births in Jaffna to 91:1 000 in Nuwara Eliya, a tea estate district. These differences are more strongly associated with regional variations in environmental determinants of mortality than with regional variations in public health expenditure. The most significant environmental factor associated with interregional infant mortality was found to be the nature of the water supply. Regional government expenditure on health had only a weak association with infant mortality. Statistical data are included. (Modified journal abstract)

8335 Pattanayak, S., Samnotra, K.G., Sen, A. *Comparison, on a village scale, of the effect of pirimiphos-methyl and DDT on Anopheles balabacensis-vectored malaria.* Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 211-221. Engl.

After 20 years of DDT spraying had failed to significantly reduce the incidence of malaria caused by the vector *Anopheles balabacensis balabacensis* in Arunachal Pradesh State, India, the houses in two small villages were sprayed from August 1977-September 1978 with an insecticide containing pirimiphos-methyl as the active ingredient. The results are discussed and presented as statistical data. From the 1st month of spraying, the percentage of the population positive for malaria in these villages was reduced almost to zero and remained so throughout the evaluation period. A large scale trial is in progress. (DP-E)

8336 Patterson, K.D. *Health in urban Ghana: the case of Accra 1900-1940.* Social Science and Medicine (Aberdeen, UK), 13B(4), 1979, 251-268. Engl. 140 refs.

Data from the censuses and vital statistics returns on births and causes of death were used to assess the impact of disease control measures carried out by the colonial government in Accra (Ghana), a city that experienced rapid growth during the 1st four decades of this century. A safe water supply helped contain plague, louse-borne relapsing fever, and smallpox, but the problems of insect control and human waste disposal were never satisfactorily solved. Death rates have dropped, however, and births now exceed deaths in most Ghanaian cities. Statistical data are included. (DP-E)

8337 Paul, A.A., Muller, E.M., Whitehead, R.G. *Quantitative effects of maternal dietary energy intake on pregnancy and lactation in rural Gambian women.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(6), 1979, 686-692. Engl. Refs.

In a 1977 study of 29 Gambian women, the quantitative relationships between dietary intake and weight gain in pregnancy, birth weight, and lactation performance during the 1st 3 months of infancy were analyzed, taking into account major differences in the patterns of heavy manual labour at different times of the year in a subsistence farming community. The results are discussed and presented as statistical data. Maternal weight gain, subcutaneous fat stores, and birth weight were significantly lower when the last trimester of pregnancy fell during the time of heaviest farm work and lowest energy intake. Lactation was similarly affected. (Modified journal abstract)

8338 **Pouchamier, L., Lauret, M., Gridel, F., Thoriaud-Ferly, M.** *Etude paraclinique de l'onchocércose en population lépreuse et non lépreuse. (Paraclinical study of onchocerciasis in a leprous and non-leprous population).* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 74(3), 1981, 273-283. Fren. 11 refs.

A study was undertaken at the Marchoux Institute, Bamako, Mali, in order to substantiate the impression that more leprosy patients than non-leprosy patients were afflicted with onchocerciasis. The study population included 386 individuals with clinical signs of onchocerciasis — 286 picked up in the dermatology clinic and 100 from among patients hospitalized for leprosy. The two groups were subjected to diethylcarbamazine (Manzotti test), hypereosinophilia, skin snip, and blood tests, and the results compared. The incidence of onchocerciasis was found to be significantly higher among the leprosy patients (43%) than among the dermatological population (14%). An association between the two diseases seems evident, although future research will have to establish whether leprosy predisposes to onchocerciasis or vice versa. (HC-L)

8339 **Prentice, A.M., Roberts, S.B., Watkinson, M., Whitehead, R.G., Paul, A.A.** *Dietary supplementation of Gambian nursing mothers and lactational performance.* Lancet (London), 25 Oct 1980, 886-888. Engl. 14 refs.

A dietary supplement, resulting in a mean increase in energy intake of over 700 kcal:day, was supplied to all nursing mothers in a West African village for 12 months. The supplement produced a slight initial improvement in maternal body weight and subcutaneous fat stores but did not increase breast-milk output or fat content. However, comparison with studies of well-nourished women shows a similar range in breast-milk output during the 1st 3 months, possibly indicating a physiological norm. Statistical data are included. (Modified journal abstract)

8340 **Raccurt, C., Lowrie, R.C., McNeeley, D.F.** Mansonella ozzardi *in Haiti; 1: epidemiological survey.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 803-808. Engl. 27 refs.

A survey of 1 165 inhabitants of Bayeux, Haiti, revealed that 16% were infected with *Mansonella ozzardi*. This was determined from a single 20 mm^3 sample of finger prick blood from each individual. Among children and young adults (less than 20 years of age), fewer than 2% had detectable microfilaremias. Beyond this age the prevalence of infection for males and females was 49% and 24%, respectively. Statistical data are included. (Modifed journal abstract)

8341 **Ragha, M.B., Deshpande, A., Chintu, C.** *Oral rehydration for diarrhoeal diseases in children.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 75(4), 1981, 552-555. Engl. 12 refs.

A study was designed to evaluate the efficacy and safety of a solution with sodium content of 50 mmol:litre compared to one containing 90 mmol:litre when given orally to treat diarrhea with mild to moderate dehydration. The two solutions were tested on two groups of 60 and 28 children respectively during a 4-week period at the University Teaching Hospital in Lusaka, Zambia. The results are tabulated and discussed. Adequate rehydration was obtained in both groups and no difference in recovery rate between the groups was observed. It is concluded that both solutions are equally effective. (EB)

8342 **Rahaman, M.M.** *Strategy for control of shigellosis (dysentery) in Teknaf – a rural Bangladesh village.* Progress in Water Technology (Oxford, UK), 11(2), 1979, 303-308. Engl. 14 refs.

An experimental plan for the control of dysentery (shigellosis) and other diarrheal illnesses has been tested in Teknaf, a rural Bangladesh village with a high mortality rate. Simple technologies such as a handpump to augment the quality and quantity of water are being combined with water-sealed latrines and sanitary education in experimental villages. Preliminary results of a pilot area evaluation indicate that attempts to improve the public's awareness of the disease by means of health education have been successful. Statistical data are included. (Modified journal abstract)

8343 **Rahaman, M.M., Aziz, K.M., Huq, E., Rahman, N.M.** *Incidence and mortality due to dysentery and diarrhoea in Teknaf — a rural Bangladesh village: impact of a simple treatment centre.* n.p., Cholera Research Laboratory, Teknaf Dysentery Project, n.d. 7p. Engl.

Morbidity and mortality due to dysentery and diarrhea were studied in 1976 in two neighbouring Bangladesh villages. Shahparidwip, a village of 9 063 with no treatment facilities, had an overall morbidity of 137:1 000 and a mortality of 1.97:1 000 per year. In Teknaf, which had a population of 7 652 and a nearby treatment centre staffed by a male nurse, morbidity was 203:1 000 but mortality was only 0.52:1 000, with the deaths occurring almost exclusively in the younger age groups. Thus a significant reduction in mortality was achieved by relatively simple therapeutic measures. Further statistical data are included. (Modified journal abstract)

8344 **Raina, R.K., Pillai, G.K.** *Outpatient medication prescribing patterns in a tropical teaching hospital.* Journal of the Indian Medical Association (Calcutta, India), 74(3), 1 Feb 1980, 62-64. Engl. 12 refs.

In view of the lack of adequate information about medication prescribing patterns in less developed countries, the present investigators undertook an analysis of randomly chosen records of 2 854 outpatients at the Addis Ababa University Medical Centre from January 1976-January 1977. The types and frequency of 229 prescribed drugs are examined; of these, only 7.9% were written by generic names. The study is compared with three earlier ones, revealing a considerable degree of dissimilarity. With the increase in drug use in tropical hospitals, the need for scrutinizing the effectiveness and limiting the burden of drug-induced diseases becomes apparent. (EB)

8345 **Recacoechea, M., Muynck, A. de, Zuna, H., Bermúdez, H., Melgar, B.** *Estudio de 39 casos de enfermedad de Chagas aguda en Santa Cruz, Bolivia. (Study of 39 acute cases of Chagas' disease in Santa Cruz, Bolivia).* Boletín Chileno de Parasitología (Santiago), 34(3/4), 1979, 53-58. Span. 22 refs.

Four hundred and twenty-nine persons presenting at outpatient facilities in the department of Santa Cruz, Bolivia, were examined for Chagas' disease (trypanosomiasis) by clinical, parasitological, and serological methods. Thirty-nine cases were diagnosed, 37 of which were in children aged less than 15 years, most of whom manifested signs and symptoms not specific to Chagas' disease. This paper analyzes and discusses the study findings. Statistical data are included. (HC-L)

8346 **Rotimi, V.O., Somorin, A.O.** *Sexually transmitted diseases in clinic patients in Lagos.* British Journal of Venereal Diseases (London), 56(1), 1980, 54-56. Engl. 19 refs.

In a study of patients attending a venereal diseases referral clinic in Lagos, Nigeria, the age distribution was similar to that seen in other parts of the world and the male:female ratio was 1.3:1. Non-specific genital infection was diagnosed in about 59% of patients and gonorrhoea in 19%. Candidosis and trichomoniasis were each diagnosed in about 10% of patients and latent syphilis in 1.4% (4 cases). Genital warts were also uncommon; venereophobia and other conditions accounted for 1% and 2.2% of cases respectively. Statistical data are included. (Modified journal abstract)

8347 **Ramending, Soeharyono, Budiarso, A., Utomo, M.K., Wiharta, A.S.** *Breast milk and bottle milk in relation with gastroenteritis.* Paediatrica Indonesiana (Jakarta), 19(9-10), Sep-Oct 1979, 226-230. Engl. 10 refs.

A study of 1 043 children aged 3 days-2 years who were hospitalized with gastroenteritis dehydration, was carried out in Jakarta, Indonesia, to examine the relationships between breast milk and bottle milk with regard to gastrointestinal problems. Results showed that bacterial and fungal infections in bottle-fed infants were 4 and 13 times higher than in breast-fed infants, while fat malabsorption was 4 times higher in bottle-fed infants. The main advantage of breast milk is the high concentration of anti-infective proteins that do not exist in cow's milk. In addition, it is more difficult to obtain sterile bottle milk. (Modified journal abstract)

8348 **Saksena, D.N., Srivastava, J.N.** *Biosocial correlates of perinatal mortality: experiences of an Indian hospital.* Journal of Biosocial Science (London), 12(1), 1980, 69-81. Engl. Refs.

Perinatal mortality among hospital deliveries in Lucknow, India, in 1976-1977 is compared with the results of earlier studies. The effect of biological and socioeconomic factors is considered. High risk cases, for which special care should be provided, are noted. Perinatal mortality was found to be significantly influenced by age of mother, parity, period of gestation, birth weight, and sex of the child, and by socioeconomic factors including religion, family income, and father's occupation. Statistical data are included. (Modified journal abstract)

8349 **Saksena, D.N., Srivastava, J.N.** *Perinatal mortality among hospital deliveries in Lucknow city.* Lucknow, India, Lucknow University, Population Research Centre, Department of Economics, Series C, Occasional Paper No. 19, Jun 1979. 41p. Engl. 12 refs.

Data was collected from the hospital records of 5 506 single deliveries in Dufferin Hospital, Lucknow, India, in order to study the incidence of perinatal mortality and its differential by biological, clinical, and socioeconomic characteristics of the mother and child. Infant mortality was found to be 75.9:1 000 births and significantly related to age of mother, parity, period of gestation, birth weight, sex of the child, religion, family income, and father's occupation. It is hoped that the results of this study will be used to identify high-risk pregnancies. (RMB)

8350 **Samba-Lefebvre, M.C.** *Réhydration par voie orale: son utilisation au cours du traitement d'enfants rougeoleux. (Oral rehydration in the management of children with measles).* Afrique Médicale (Dakar), 19, 1980, 27-32. Fren. 10 refs.

A control programme was carried out in Brazzaville, Congo, to test the effectiveness of oral rehydration in treating children with measles. The solution used was that advised by WHO. Out of 250 children, 96 were not rehydrated; 4 were rehydrated by the IV method, 124 orally, and 20 by a combination of both methods. Oral rehydration proved to be a very effective, cheap method and permitted a 64% reduction of the number of infused children and a 75% decrease in the total amount of fluids used. Reluctance on the part of mothers and nursing staff to accept oral rehydration remains a problem to be overcome. (Modified journal abstract)

8351 **Sampaio Faria, J.G., Pinho da Silva, M.** *More effective use of maternity services.* Courrier (Paris), 30(6), 1980, 568-575. Engl. 8 refs.

In an effort to provide improved, cost-effective maternal child health services, a study was carried out of such risk factors as socioeconomic status, maternal age, parity, birth interval, and assistance at labour in 872 births in the district of Viana do Castelo, Portugal, from December 1978-March 1979. The results are discussed and presented as statistical data. The findings indicate that efforts and resources should be concentrated in three very high risk municipalities. It is also recommended that a birth notification system (developed by this project) be used throughout the district. The appendix contains a sample registration form and a map showing the birth risk for each municipality in the district. (DP-E)

8352 Sanders, D. *Nutrition and the use of food as a weapon in Zimbabwe and Southern Africa*. International Journal of Health Services (Westport, Conn.), 12(2), 1982, 201-213. Engl. 37 refs.

This paper examines disease and the importance of nutrition, especially with respect to children, in underdeveloped countries in general and in Zimbabwe in particular. It then discusses short-term interventions initiated in response to the nutrition situation. The context of undernutrition is analyzed, with a consideration of food availability in Zimbabwe both in relation to the recent war and in a longer-term setting. Finally, the international food situation and the use of food as a political weapon in southern Africa and throughout the world is assessed. Statistical data are included. (Modified journal abstract)

8353 Sangaret, M., Djanhan, Y., Welffens Ekra, C., Kone, N., Bohoussou, K. *Etude épidémiologique des ictères au cours de la grossesse: prognostic maternel et foetal; à propos de 90 cas en 3 ans et demi au C.H.U de Cocody. (Epidemiological study of jaundice during pregnancy: maternal and fetal prognosis with reference to 90 cases in three and a half years at the Cocody C.H.U.)*. Médecine d'Afrique Noire (Paris), 27(11), Nov 1980, 859-866. Fren. 17 refs.

In a case review at a hospital in Abidjan, Ivory Coast, 90 pregnant women with jaundice were compared with 50 controls according to their personal characteristics, outcome of pregnancy, and the presence of certain specific risk factors (season, nutrition, etc.). It was concluded that jaundice constitutes a grave risk to mother and fetus, the prognosis being particularly affected by the season and the mother's age, socioeconomic status, and nutritional habits. Statistical data are included. (HC-L)

8354 Saniel, F.L. *Bohol IUD program*. Studies in Family Planning (New York), 10(6-7), Jun-Jul 1979. Engl.

A major obstacle to successful family planning programmes in Bohol (the Philippines) was the reluctance of patients to allow male doctors to insert the IUD. To overcome this, nursing supervisors were trained in Manila for 3 months and in turn trained nurses and midwives for 6 weeks to perform this procedure. The result has been a great increase in the acceptance of the IUD, with many of the insertions being performed at home. No serious complications and few pregnancies have resulted. Some statistical data are included. (DP-E)

8355 Santiago de Almeida, L., Gómez-Sánchez Molina, A.F., Howard, J.E. *Estado nutricional de crianças no primeiro ano de vida em comunidades rurais de Planaltina, Brasil, em 1976. (Nutritional status of children in the first year of life in rural communities in Planaltina, Brazil, in 1976)*. Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(6), Dec 1980, 546-552. Portuguese. 9 refs.

An anthropometric study of 124 children aged 0-12 months in Planaltina, Brazil, showed that 48.3% were malnourished, particularly those from low-income families whose mothers were illiterate. Although these children had the same diseases (diarrhea, respiratory infections, otitis media, skin conditions, etc.) as their properly nourished counterparts, the frequency and clinical severity were greater in the malnourished group, fewer of whom had been vaccinated. Also, hospitalization was necessary and death occurred only in this group. Statistical data are included. (Modified journal abstract)

8356 Schaefer, O., Eaton, R.D., Timmermans, F.J., Hildes, J.A. *Respiratory function impairment and cardiopulmonary consequences in long-time residents of the Canadian Arctic*. Canadian Medical Association Journal (Ottawa), 123(10), Nov 1980, 997-1004. Engl. 14 refs.

In three community health surveys in 1976-1978, 176 Inuit men underwent pulmonary function studies. Details of past work and hunting, pulmonary infection, hospitalization for tuberculosis, and smoking were recorded. Spirometric and electrocardiographic findings are discussed with the use of tables. The results show marked differences in respiratory function and cardiopulmonary consequences between the young and old men in Inuvik and those in Arctic Bay. In neither region was heavy smoking frequent or found to be the main cause of impaired respiratory function. Inhalation of extremely cold air at maximum ventilation may be a prime factor in the chronic obstructive lung disease. (EB)

8357 Schamschula, R.G., Cooper, M.H., Agus, H.M., Un, P.S. *Oral health of Australian children using surface and artesian water supplies*. Community Dentistry and Oral Epidemiology (Copenhagen), 9(1), 1981, 27-31. Engl. 13 refs.

Oral health parameters were compared for children aged 6-8 and 10-11 years living in neighbouring New South Wales (Australia) towns, where the community water supplies consisted of artesian and river water, respectively. The demographic characteristics, living patterns, and dietary carbohydrate challenges were similar in the two areas and effective oral hygiene practices were uniformly lacking. The children in the artesian water area had lower caries prevalence, less severe carious lesions, and significantly better oral hygiene and gingival condition and correspondingly less treatment. The results implicate lithium as a possible beneficial element. Statistical data are included. (Modified journal abstract)

8358 Schamschula, R.G., Cooper, M.H., Wright, M.C., Agus, H.M., Un, P.S. *Oral health of adolescent and adult Australian Aborigines*. Community Dentistry and Oral Epidemiology (Copenhagen), 8(7), 1980, 370-374. Engl. 17 refs.

An oral health survey of 83 adolescent and adult Aborigines from several Australian fringe settlements revealed that dental caries prevalence increased from 17.1 at age 20 years to 20.7 at age 35 years and declined to 14.6 by the age of 50 years and over. Oral hygiene was poor overall and deteriorated with age. Tooth mortality reached 75% by the age of 43 years. Prosthetic needs were correspondingly high, but 95% of denture requirements were unmet. No evidence of effective or sustained oral health care was seen; 38% of subjects needed emergency treatment. Statistical data are included. (Modified journal abstract)

8359 **Schenone, H., Rojas, A., Galdames, M., Villarroel, F.** *Aspectos epidemiológicos de las infecciones humanas por protozoos y helmintos intestinales en Chile (1970-1980). (Epidemiological aspects of human protozoan and intestinal helminth infections in Chile (1970-1980)).* Boletín Chileno de Parasitología (Santiago), 36(3/4), 1981, 44-48. Span. 21 refs.

In the 1970-1980 Chilean survey, examination of stool samples from 9 489 individuals from five biogeographical zones (desert, plains, heath, forest, and barren south) revealed the following respective rates of infection: *Entamoeba histolytica*, 8.5%, 10.8%, 23.2%, 16.5%, and 4.8%; *E. coli*, 38.7%, 47.4%, 45.0%, 44.9%, and 29.5%; and *Endolimax nana*, 32.3%, 33.8%, 50.0%, 39.5%, and 20.2%. Rates are also given for *Chilomastix mesnili*, *Iodamoeba beutschlii*, *Giardia lamblia*, *Ascaris lumbricoides*, *Trichuris trichiura*, *Hymenolepsis nana*, and *Taenia*. The survey results are discussed and presented as statistical data. (RMB)

8360 **Schmidt, B.J., Feitosa, D.H., Fusari, S.A., Ribeiro, A.C., Thomaz, C.J.** *Breast-feeding in Sorocaba, S. Paulo, Brasil; study performed on mothers belonging to different socio-economic levels.* Courrier (Paris), 30(6), 1980, 561-567. Engl. 23 refs.

This study analyzes the incidence of breast-feeding in the last five children of 440 randomly selected mothers of different socioeconomic levels in Sorocaba, São Paulo, Brazil, with special attention to perinatal and neonatal aspects, peculiarities of food given to the newborn in the nursery, kind of maternal work, problems involved in food supply to the pregnant woman, and correlations between weight, height, and time of breast-feeding. All obtained data were correlated with maternal age, race, civil state, education level, and family income. The results are discussed and presented as statistical data. The findings show a significant decrease in breast-feeding of the last five children; the reasons for this are examined. (Modified journal abstract)

8361 **Sen Gupta, P.N.** *Food consumption and nutrition of regional tribes of India.* Ecology of Food and Nutrition (London), 9(2), 1980, 93-108. Engl. Tenth International Congress of Anthropological and Ethnological Sciences, New Delhi, India, 1978.

Food availability, dietary patterns, and nutritional levels were compared to the physiques, working capacity, and growth of children in 31 aboriginal tribes in various parts of India. The results are discussed and presented as statistical data. The nutritional value of indigenous foods is also analyzed. The findings reveal that 13 of the tribes were well-fed, 18 were nutritionally deficient, and 9 showed evidence of gross nutritional deficiency. This may explain the degeneration, depletion, and ultimate extinction of many regional tribes in India. (Modified journal abstract)

8362 **Shishido, A., Hirayama, M., Kimura, M.** *Nation-wide epidemic of rubella in Japan during the three year period 1975-1977.* Japanese Journal of Medical Sciences and Biology (Tokyo), 32, 1979, 253-268. Engl. Refs.

The general features of Japan's 1975-1977 rubella epidemic (number of cases, seasonal and geographical patterns, age distribution) are discussed and presented as statistical data. The clinical and seroepidemiological observations made are reported and the role of surveillance of congenital rubella syndrome during the epidemic is examined. The protective effect of rubella vaccination during the epidemic is evaluated. (DP-E)

8363 **Shrestha, N.K., Padmavati, S.** *Prevalence of rheumatic heart disease in Delhi school children.* Indian Journal of Medical Research (New Delhi), 69, May 1979, 821-833. Engl. 50 refs.

From 1972-1975, screening of 40 000 Delhi (India) schoolchildren aged 5-16 years revealed 375 cases of rheumatic heart disease, an incidence of 11:1 000. The results are discussed and presented as statistical data. Although there was no significant difference in prevalence by sex or age, the highest prevalence was found in government-aided schools among children from the lower socioeconomic groups. (DP-E)

8364 **Siddiqui, M.A.** *Prevalence of human intestinal parasites in Al-Aba, Saudi Arabia: a preliminary survey.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 75(5), Jun 1981, 565-566. Engl.

The results of a preliminary survey of human intestinal parasites at two sites in southwestern Saudi Arabia from August-September 1979 are presented. The sample included 41 schoolboys and 81 hospital patients. Of the 122 fecal specimens examined, 38(31.1%) contained parasites, of which *Entamoeba coli* (17.2%) was the most common, followed by *Giardia lamblia* (7.4%), *Hymenolepsis nana* (3.3%), *Ascaris lumbricoides* (2.5%), and *Trichomonas* (1.6%). The author stresses the need for further surveys to collect additional data. (DP-E)

8365 **Singh, L.J.** *Study of morbidity pattern in a rural community.* Health and Population (New Delhi), 2(3), Jul-Sep 1979, 193-206. Engl.

Morbidity patterns among outpatients attending village health services sponsored by Banaras Hindu University in Varanasi, India, from July 1975-June 1976 are discussed and presented as statistical data. This study is intended for use in planning disease control activities. (DP-E)

8366 **Singh, M., Sud, N., Arya, L.S., Hingorani, V.** *Impact of special care services on perinatal and neonatal outcome*. Indian Pediatrics (Calcutta, India), 17(3), Mar 1980, 255-260. Engl.

Perinatal and neonatal outcome of infants born at the All-India Institute of Medical Sciences Hospital from 1973-1978 are compared in the light of various maternal and neonatal factors and prevailing practices. The results are discussed and presented as statistical data. The incidences of low birth weight and preterm babies and the mortality rate of these babies were lower in 1978 despite the fact that only high-risk mothers were booked for antenatal confinement during the year. There is still ample scope for further reduction of neonatal mortality by prompt recognition and adequate management of infants with difficulties in initiating spontaneous breathing at birth and by prevention of nosocomial nursery infections. (Modified journal abstract)

8367 **Smith, W.C., Antia, U.S., Patole, A.R.** *Disability in leprosy: a relevant measurement of progress in leprosy control*. Leprosy Review (London), 51(2), 1980, 155-166. Engl. 14 refs.

Nine hundred and thirty-one patients have been detected in a Leprosy Control Project in Karnataka, India, giving a prevalence of 4.86:1 000. These are analyzed and further analysis using the WHO Disability Index DI-2 is done on the 292 cases with disabilities. The effects of different forms of treatment on this Index are examined. It is suggested that the incidence of disability is a more relevant measurement of the effectiveness of leprosy work than the incidence of cases. Secondary preventive measures are unlikely to prevent new cases whereas primary preventive measures for disability should affect the incidence of disability. Statistical data are included. (Modified journal abstract)

8368 **Sommer, A., Hussaini, G., Muhilal, Tarwotjo, I., Susanto, D.** *History of nightblindness: a simple tool for xerophthalmia screening*. American Journal of Clinical Nutrition (Bethesda, Md.), 33(4), Apr 1980, 887-891. Engl. 10 refs.

Results of a house-to-house field study of 5 925 preschool Indonesian children revealed that a properly elicited history of nightblindness can be almost as specific and a far more sensitive index of vitamin A deficiency and early xerophthalmia than the presence of Bitot's spots (X1B) and that vitamin A deficiency is a clustered neighbourhood phenomenon rather than an isolated, sporadic occurrence. These results are discussed and supported by statistical data. (DP-E)

8369 **Speake, J.D., Cutress, T.W., Ball, M.E.** *Prevalence of dental caries and the concentration of fluoride in the enamel of children in the South Pacific*. New Zealand Dental Journal (Auckland, New Zealand), 75(340), Apr 1979, 94-106. Engl. 21 refs.

Caries prevalence, the number of diseased, extracted, or filled teeth, and the concentration of fluoride in enamel were studied in over 2 500 children aged 8-11 years in six countries or territories of the South Pacific. The results are discussed and presented as statistical data. The findings show that the majority of island communities examined had inadequate enamel fluoride. They are already showing evidence of high disease rates or can be expected to as sugar consumption increases. The author recommends caries preventive procedures and monitoring programmes to deal with the problem and presents a prediction chart as a guide to the "at-risk" level of a community. (Modified journal abstract)

8370 **Srivastava, R.N., Ghani, A.R., Azami, S., Bhan, M.K., Mogli, G.D.** *Morbidity and mortality of children hospitalized with medical disorders in Afghanistan*. Journal of Tropical Pediatrics and Environmental Child Health (London), 25(6), Dec 1979, 168-172. Engl. 10 refs.

The medical records of 15 506 patients admitted to the Institute of Child Health at Kabul (Afghanistan) over a 3-year period from 1973-1975 were examined in an attempt to shed light on the pattern of morbidity and mortality in children in Afghanistan. The results are discussed and presented as statistical data. Gastroenteritis and respiratory infections were the leading causes of morbidity, the latter also being responsible for the largest number of deaths, often due to late arrival at the facility. The author suggests that these problems are largely preventable and recommends the provision of safe water, health education, and immunization. (DP-E)

8371 **Sunoto, Suharyono, Gracey, M.** *Gastrointestinal candidiasis in malnourished children with diarrhoea*. Paediatrica Indonesiana (Jakarta), 20(5-6), May-Jun 1980, 117-129. Engl. 23 refs.
Third Asian Congress of Paediatrics, Bangkok, Thailand, 19-23 Nov 1979.

A survey of Indonesian children with diarrhea revealed that species of *Candida* were found significantly more often in the throat swabs, gastric and small intestinal contents, and stools of malnourished, as opposed to well-nourished, children. The results are discussed and presented as statistical data. It is suggested that gastrointestinal candidiasis may contribute to the pathogenesis of diarrhea in malnourished children. (Modified journal abstract)

8372 **Taylor, H.R.** *Prevalence and causes of blindness in Australian Aborigines*. Medical Journal of Australia (Sydney), 1(2), 1980, 71-76. Engl. 19 refs.

A cross-sectional epidemiological survey was undertaken among 5 134 Australian Aborigines to reveal the prevalence of blindness and to identify the disease processes associated with blindness. A case-control study was also conducted to determine the relationship between blindness and occupation, trauma, trachoma, alcohol intake, and other environmental factors. The results are discussed and presented as statistical data. The findings show an extremely high rate of blindness, especially in persons over 60 years of age. The blindness found is almost exclusively environmentally related and degenerative conditions leading to blindness are rare. Thus, the blindness that does exist is almost entirely preventable or treatable. (DP-E)

8373 **Tedesco, L.R.** *Trachoma and environment in the northern territory of Australia.* Social Science and Medicine (Aberdeen, UK), 14D(2), Jun 1980, 111-117. Engl. 18 refs.

Results from a 1976 ophthalmological survey in the Northern Territory of Australia, which show prevalence rates of active trachoma among Aborigines, are analyzed in respect to environmental conditions. The communities surveyed have been grouped by criteria of similarities of locality, climate, dwellings, diet, water sources, sanitation, and employment opportunities. Both parametric and nonparametric analyses of the trachoma morbidity yield high correlations with marginal changes in these environmental factors. (Modified journal abstract)

8374 **Teller, C., Sibrián, R., Talavera, C., Bent, V., del Canto, J.** *Population and nutrition: implications of sociodemographic trends and differentials for food and nutrition policy in Central America and Panama.* Ecology of Food and Nutrition (London), 8(2), 1979, 95-109. Engl. 42 refs.

Analysis of data from Central America and Panama for the period 1965-1975 reveals that, except in Costa Rica, reduced mortality and improved social indicators have been accompanied by a deterioration rather than an improvement in nutrition status. It is postulated that these countries are experiencing the early effects of social change: reduced mortality due to public health measures, higher fecundity, and increased population pressure. They have yet, except for Costa Rica, to achieve the more general societal changes in income distribution, employment opportunities, land tenure, and social service structure that tend to bring about significant and lasting reductions in both malnutrition and fertility. Statistical data are included. (HC-L)

8375 **Thakur, C.P., Kumar, M., Pathak, P.K.** *Kala-azar hits again.* Journal of Tropical Medicine and Hygiene (London), 84(6), Dec 1981, 271-276. Engl. Refs.

Clinical features of leishmaniasis are studied in 692 cases from four endemic areas of Bihar, India. The disease was characterized by fever, weight loss, hepatosplenomegaly, anaemia, leucopenia, and monocytosis, with a conspicuous absence of lymphadenopathy and voracious appetite. Statistical data are included. (DP-E)

8376 **Thirumalaikolundusubramanian, P., Palanivelu, K.M., Prithivi, V.** *Rural schools and health status of rural primary school children.* Indian Pediatrics (Calcutta, India), 16(12), Dec 1979, 1097-1100. Engl. 10 refs.

Analysis of the health and nutritional status of 1 119 students from 13 rural primary schools in Tamil Nadu, India, revealed that the main causes of morbidity in these children were deficiency diseases (85.6% were malnourished), dental caries, skin and eye diseases, and conditions of the ear, nose, and throat. It is suggested that various block health workers be trained to support the school health programme. Statistical data are included. (DP-E)

8377 **Thomas V., Ogunba, E.O., Fabiyi, A.** *Schistosomiasis: assessment of the sensitivity, specificity and reproducibility of serological methods for the diagnosis of schistosomiasis in Nigeria.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 73(5), Oct 1979, 451-456. Engl. Refs.

Three groups of sera were tested for schistosomiasis by indirect fluorescent antibody (IFA), complement fixation (CF), and counter-current immunoelectrophoresis (CCIE) techniques; 56(10.1%) of 554 sera from Nigerians were anticomplementary and so could not be tested by CF. IFA was the most sensitive test and CF the most specific. The reproducibility of both these tests were good. The CCIE was the least sensitive and specific and its reproducibility was poor. The IFA test was the most suitable for Nigerian conditions. Statistical data are included. (Modified journal abstract)

8378 **Tikasingh, E., Edwards, C., Hamilton, P.J., Commissiong, L.M., Draper, C.C.** *Malaria outbreak due to* Plasmodium malariae *on the island of Grenada.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(5), Sep 1980, 715-719. Engl. 8 refs.

An outbreak of *Plasmodium malariae* malaria occurred in Grenada some 16 years after the end of a malaria eradication campaign, probably due to renewal of transmission from recrudescent cases. Serological studies were used in addition to blood film surveys in defining the outbreak, and their value in such surveillance is emphasized. Statistical data are included. (Modified journal abstract)

8379 **Trowbridge, F.L., Staehling, N.** *Sensitivity and specificity of arm circumference indicators in identifying malnourished children.* American Journal of Clinical Nutrition (Bethesda, Md.), 33(3), Mar 1980, 687-696. Engl. 25 refs.

Arm circumference indicators of nutritional status such as simple arm circumference, arm circumference-for-age, and arm circumference-for-height have advantages for field use because of their simplicity and low cost. However, these indicators need to be evaluated in terms of their ability to identify children who are malnourished by more accepted criteria such as weight-for-age and weight-for-height. This study used sensitivity-specificity analysis to evaluate arm circumference indicators in 3 838 children aged 1-4 years in a rural area of El Salvador. It was found that simple arm circumference gave sensitivity-specificity results similar to arm circumference-for-age and generally better than arm circumference-for-height in identifying children with low weight-for-age. Statistical data are included. (Modified journal abstract)

8380 **Tuberculosis Prevention Trial, Madras, India.** *Trial of BCG vaccines in south India for tuberculosis prevention: first report.* Bulletin of the International Union against Tuberculosis (Paris), 55(1/2), Mar-Jun 1980, 14-22. Engl. 30 refs.

The protective effect of BCG vaccination is being evaluated in a controlled community trial near Madras in south India. After tuberculin and sensitin testing and radiographic and bacteriological examinations, BCG vaccines and placebos were allocated randomly to about 260 000 individuals, of whom 115 000 were definitely tuberculin negative at the time of vaccination. After more than 7 years of follow-up, the distribution of new cases of bacillary tuberculosis among those not infected at intake did not show any evidence of a protective effect of BCG vaccination. Statistical data are included. (Modified journal abstract)

8381 **Udo, A.A.** *Use of socio-economic and accessibility information for improving MCH/FP services — the Nigerian case.* Journal of Tropical Pediatrics (Kampala), 26(5), Oct 1980, 203-208. Engl. 8 refs.

In a study that sought to find ways of improving the services of the Cross River State (Nigeria) Maternal Child Health/Family Planning Programme, 247 women of reproductive age in 25 villages served by the Ikot Omin Health Centre were interviewed regarding their socioeconomic characteristics and exposure to the health centre. The results are discussed and presented as statistical data. The findings indicate that younger women tend to be more educated, have smaller families, and visit the health centre more than older women; the distance from the centre was also a factor. The author suggests that more home visits and mobile clinics could help solve attendence problems. (DP-E)

8382 **Ulin, P.R., Ulin, R.O.** *Use and non-use of preventive health services in a southern African village.* International Journal of Health Education (Geneva), 24(1), 1981, 45-53. Engl. Refs.

This paper examines the use of preventive health services by mothers of young children in a rural village in southeastern Botswana. In part, it is a report of the extent to which these women frequent a village maternity clinic and allow their children to be immunized. Its main purpose, however, is to probe the subjective meaning of these data in the light of cultural beliefs and understandings that influence the mother's help-seeking behaviour and the implications of these findings for health education. Some statistical data are included. (Modified journal abstract)

8383 **Valverde, V., Mejía Pivaral, V., Delgado, H., Belizán, J., Klein, R.E.** *Income and growth retardation in poor families with similar living conditions in rural Guatemala.* Ecology of Food and Nutrition (London), 10(4), 1981, 241-248. Engl. Refs.

The relationship between family income and growth retardation in children was studied in families residing on coffee plantations in Guatemala. When weight-for-age and height-for-age were correlated with income, significant differences were observed; but when weight-for-height data were analyzed in the same manner, differences were not significant. An age-dependent effect did exist, since no differences in measurements were observed by levels of income in children 3-30 months of age; but in older children, marked differences were detected. Statistical data are included. (Modified journal abstract)

8384 **Valverde, V., Martorell, R., Molina, M., Delgado, H., Mejía Pivaral, V.** *Energy supplimentation and food consumption in a malnourished population of rural Guatemala.* Nutrition Reports International (Los Altos, Cal.), 20(6), Dec 1979, 855-864. Engl. 14 refs.

In a 4-week experiment designed to evaluate the dietary impact of a high energy supplement, two cookies containing 250 calories and 4 g of protein were provided daily to the 350 (mainly Indian) inhabitants of a rural Guatemalan village. Analysis of energy intake by means of 24-hour recall surveys revealed that the supplement did not modify protein intake or alter the consumption of specific foods. Copious statistical data are included. (DP-E)

8385 **Van Coeverden de Groot, H.A.** *Trends in maternal mortality in Cape Town, 1953-1977.* South African Medical Journal (Cape Town), 56(14), 29 Sep 1979, 547-552. Engl.

From 1953-1977, 223 of 291 800 maternity patients delivered in hospitals under the aegis of the Department of Obstetrics and Gynaecology of the University of Cape Town (South Africa), died. A sudden decrease in the maternal mortality rate to below 100:100 000 deliveries occurred in 1956, due largely to the greater use of the obstetric flying squad. Since 1975, maternal mortality rates have been available for the various ethnic groups; these are discussed and presented as statistical data. (Modified journal abstract)

8386 **van Ginneken, J.K., Voorhoeve, A.M., Omondi-Odhiambo, Muller, A.S., Blok, P.G.** *Machakos Project studies: agents affecting health of mother and child in a rural area of Kenya; XVIII: fertility, mortality and migration in 1975-1978.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(2), Jun 1980, 183-188. Engl. 10 refs.

This article gives age-specific fertility and death rates and sex-specific mortality and migration rates for the Machakos Project (Kenya) from 1975-1978 based on demographic and epidemiological information obtained by home visits. The results, discussed and presented as statistical data, confirm that the area is characterized by a high level of fertility and a fairly low level of mortality and by high population mobility of two types: temporary migration of absent members of the population and permanent in- and out-migration. (Modified journal abstract)

8387 **Veeraman, K.M.** *Incidence of intestinal parasites among the patients in a tuberculosis hospital hear Madras*. Journal of the Indian Medical Association (Calcutta, India), 73(9/10), Nov 1979, 155-159. Engl. Refs.

In a 1978 study at the Government Tuberculosis Hospital at Tambaram near Madras, India, 679 inpatients were tested for intestinal parasitic protozoans and helminths. Simultaneously, as a control, 348 subjects from the normal unselected population were also examined for intestinal parasites. The results are compared with those of patients with gastrointestinal symptoms and with mental disorders, and are correlated with factors such as age, sex, diet, type of latrine, water supply, drainage, and housing. Comparison is also made with three previous studies. There was no indication of a direct influence of intestinal parasitic organisms on the epidemiology of pulmonary tuberculosis. Statistical data are included. (EB)

8388 **Victora, C.G., Blank, N.** *Epidemiology of infant mortality in Rio Grande do Sul, Brazil*. Journal of Tropical Medicine and Hygiene (London), 83(5), Oct 1980, 177-186. Engl. Refs.

The effect of local agricultural production on infant mortality in Rio Grande do Sul, Brazil, was studied by means of multiple linear regression analysis using 12 agrarian and 5 socioeconomic variables. The results are discussed and presented as statistical data. Infant mortality was found to be significantly higher in districts characterized by large properties, cattle raising, and wage earning and to have a direct association with the waste disposal variable. (DP-E)

8389 **Visweswara Rao, K., Radhaiah, G., Raju, S.V.** *Association of growth status and the prevalence of anaemia in preschool children*. Indian Journal of Medical Research (New Delhi), 71, Feb 1980, 237-246. Engl. 22 refs.

In a 1978 Hyderabad (India) study, haemoglobin levels, nutritional status, and various anthropometric measurements were determined for 1 026 preschool children from poor socioeconomic groups. The relationships between anaemia and malnutrition and anaemia and anthropometric measurements were determined. The results are discussed and presented as statistical data. The findings indicated that the correlations were high in each case, but the author suggests that no firm conclusions can be drawn from the data. Further study could be useful in determining the interrelationships among the factors involved. (DP-E)

8390 **Vlassoff, C.** *Fertility control without modernization: evidence from a rural Indian community*. Journal of Biosocial Science (London), 11(3), 1979, 325-339. Engl. 24 refs.

Data on 349 women from a rural village in Maharashtra, India, indicate that modernization is significantly related to knowledge, approval, and practice of non-terminal fertility regulation but is not a prerequisite for the acceptance of sterilization. The popularity of sterilization is due to the impetus given by the government to this method and it is suggested that similar emphasis on non-terminal methods might successfully reach even traditional younger women. Statistical data from the study are presented and discussed. (HC-L)

8391 **Voorhoeve, A.M., Muller, A.S., Woigo, H.** *Machakos Project studies: agents affecting health of mother and child in a rural area of Kenya; XVI: the outcome of pregnancy*. Tropical and Geographical Medicine (Haarlem, Netherlands), 31(4), Dec 1979, 607-627. Engl. 23 refs.

A study of the outcome of pregnancy of all women who delivered in 1975-1976 in the catchment area of the Machakos Project (population: 25 000), Kenya, was conducted. This paper presents and analyzes the study results. Unexpectedly low death rates were found: stillbirths were 29.8:1 000 total births; perinatal mortality, 46.7:1 000 total births; neonatal mortality, 22.5:1 000 live births; and infant mortality, 50:1 000 live births. Nonetheless, many of these deaths were considered preventable, even under the prevailing conditions, and suggestions for lowering their rates still further are given. (HC-L)

8392 **Warren, R.C.** *Impressions of a one-year experience working in dental public health in Nigeria, West Africa*. Quarterly National Dental Association (Manasses, Va.), 37(3), Apr 1979, 96-99. Engl. 10 refs.

The author, who taught in Lagos from 1975-1976, offers some observations on the state of dental health in Nigeria. Periodontal disease is widespread and dental caries have become a serious problem among children, possibly due to the increased consumption of refined sugar. There is a serious shortage of dental personnel and few Nigerians are acquainted with modern methods of home dental care. The government is attempting to alleviate these problems by approving the funding of schools to train dental personnel. Organized dentistry is relatively new to Nigeria and opportunities abound in education, research, and services. Some statistical data are included. (DP-E)

8393 **Weekly Epidemiological Record, Geneva.** *Expanded programme on immunization/ Programme élargi de vaccination*. Weekly Epidemiological Record (Geneva), 54(29), 29 Jul 1979, 221-223. Engl., Fren.

An evaluation of the Ivory Coast's expanded programme of immunization for children aged 0-35 months was carried out in one of the programme's three demonstration zones (South Abidjan), where vaccination against measles, poliomyelitis, pertussis, tetanus, diphtheria, and tuberculosis are regularly dispensed by specially-trained staff from eight maternal and child health centres and two mobile units. The evaluation involved sampling 30 clusters selected at random from the total population, according to a methodology advocated by WHO. This paper describes the methodology and presents its results. (HC-L)

8394 **WHO, Geneva.** *Global eradication of smallpox; final report of the Global Commission for the Certification of Smallpox Eradication.* Geneva, WHO, 1980. 122p. Engl. Refs.

This report opens with the Commission's conclusions and policy recommendations for the post-eradication era. Separate sections of the report cover: the history of smallpox, variolation, and vaccination; clinical features and diagnosis; eradication from 1924-1966; the establishment, implementation, resources, and strategies of the intensified eradication programme including those strategies concerning vaccines, vaccination, research, surveillance, and containment; outbreaks of smallpox in non-endemic areas; the certification of eradication; human monkeypox; and possible sources for a return of smallpox. Nineteen annexes contain statistical data and additional information on laboratory standards, related documents, etc. (RMB)

8395 **WHO, Geneva.** *Community control of rheumatic heart disease in developing countries; 1: a major public health problem.* WHO Chronicle (Geneva), 34(9), Sep 1980, 336-345. Engl. 17 refs.

Also published in French, Russian, and Spanish.

A review of the extent of rheumatic fever, rheumatic heart disease, and certain aspects of streptococcal infections in a number of developing countries was presented to an interregional meeting at the WHO Regional Office for Southeast Asia, New Delhi, India, in November 1979. Although precise and comprehensive data on mortality, prevalence, and incidence are mostly lacking, the available evidence is summarized and presented as statistical data. (DP-E)

8396 **WHO, Geneva.** *Reaching "target zero"; the story of smallpox eradication in India.* WHO Chronicle (Geneva), 33(10), Oct 1979, 359-363. Engl.

Also published in French, Russian, and Spanish.

This article reviews a WHO publication describing the smallpox eradication programme in India. It outlines each step in the programme covered in the publication, from the early stages to the official declaration of the successful eradication of the disease in April 1977. Intensive field activities and house-to-house searches in outbreak areas are described, followed by the surveillance techniques used to uncover new cases before the infection spread. Among new methods introduced were market searches, special searches in high-risk areas, surveys of remote areas, routine surveillance by public health staff, encouraging non-medical staff to report outbreaks, and cash rewards for information. Financial support for the programme was provided by the central government and by WHO, with a substantial part of the budget originating with the Swedish International Development Authority. (FM)

8397 **Winter, S.T.** *Infant morbidity and mortality.* Israel Journal of Medical Sciences (Jerusalem), 15(12), Dec 1979, 973-975. Engl.

By 1977, infant mortality in Israel had fallen to 13.9: 1 000 live births and, during recent years, there has been a significant parallel fall in the number of deaths during the 1st 6 days of life, reaching 8:1 000 live births in 1977. Hospital admissions, as an indicator of morbidity, now show fewer children with infantile diarrhea, formerly a major cause of hospitalization. Although Israel has reached reasonably satisfactory standards of infant health, there remains much room for improvement. (Modified journal abstract)

8398 **Woolcock, A.J., Blackburn, C.R., Colman, M.H.** *Non-tuberculous respiratory disease in Papua New Guinea.* Bulletin of the International Union against Tuberculosis (Paris), 55(1/2), Mar-Jun 1980, 23-27. Engl.

From 1965-1975, individuals from highland and coastal regions of Papua New Guinea were studied for non-tuberculosis respiratory diseases. The results are discussed and presented as statistical data. It was found that coughs but not wheezes are very common in people living in the highlands, the cough being caused by acute and chronic inflammation of the airways. A large proportion of people with chronic cough develop chronic obstructive lung disease and die at a relatively early age. Studies of these populations are continuing in order to define further the causes of the chronic cough and the increasing prevalence of asthma (which is still uncommon) in the hope that preventive measures can be introduced in time. (DP-E)

8399 **Wyndham, C.H.** *Mortality from cardiovascular diseases in various population groups in the Republic of South Africa.* South African Medical Journal (Cape Town), 56(24), 25 Jul 1979, 1023-1030. Engl. 26 refs.

Statistical analysis of cardiovascular mortality in South Africa for 1970 revealed differing rates according to racial groups. The results cover diseases of the circulatory system, chronic rheumatic heart diseases, other forms of heart disease, and cerebrovascular disease. Further studies are recommended with an eye to implementing preventive measures. (DP-E)

8400 **Yan, C.W., bin Ishak, F., Hee, G.L., Devaraj, J.M., bin Ismail, K.** *Problem of soil transmitted helminths in squatter areas around Kuala Lumpur.* Medical Journal of Malaysia (Singapore), 33(1), Sep 1978, 34-43. Engl. 10 refs.

The results of the 1978 survey revealed that 90.9% of 253 children aged 4-6 years from poor squatter families in the area around Kuala Lumpur, Malaysia, were infected with intestinal helminths; 83.8% had trichuriasis; 64% has ascariasis; 5% had hookworm. In contrast, only 10% of 40 children from upper middle class families in the area were infected. Some of the associated public health problems are discussed. Statistical data are included. (Modified journal abstract)

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